



Binghamton City School District

164 Hawley Street, PO Box 2126
Binghamton, NY 13902-2126
(607) 762-8100 Fax: (607) 762-8110

COMPLAINT FORM

Name of Complainant: _____ Date Submitted: _____

Address: _____ Phone number: (circle the primary number for us to call back)
Home _____
Cell _____
Work _____

The complaint is regarding: (check all that apply)

- _____ An employee with the title of _____ located at _____ school/building
- _____ A student in _____ grade at _____ school/building
- _____ A parent or community member
- _____ Other – please specify your relationship with or association to the BCSD District _____

Basis of this complaint/grievance:

- _____ Disability _____ Marital Status
- _____ Religion _____ Military/Veteran Status
- _____ Retaliation _____ Age
- _____ Alienage/Citizenship Status _____ Partnership Status
- _____ Race, color, creed, national origin/ethnicity
- _____ Sex, gender, sexual orientation, sexual harassment, other harassment
- _____ Other/Not sure (briefly explain): _____

Name and/or description of accused person(s): _____

Description of alleged harassment/discrimination/incident: _____

Date, time and place of violation: _____

Witnesses, if any, or others who should be contacted with knowledge important to this investigation, including contact information for each. _____

Others you may have discussed this complaint/grievance/incident with, including contact information for each. _____

Has this incident/discrimination been previously reported? [] Yes [] No If yes, when and to whom? _____

Describe the remedy, outcome or resolution: _____

Remedy sought by Complainant: _____

Signature of Complainant _____

Date _____

(This form is to be used for all complaints within the Binghamton City School District, including incidents of alleged discrimination or harassment.)