

Otto, Diana

**From:** ocr\_complaint@ed.gov  
**Sent:** Sunday, January 03, 2010 9:13 PM  
**To:** [REDACTED] OCR Boston  
**Subject:** OCR Electronic Complaint Submission

Non Responsive

PLEASE DO NOT REPLY TO THIS E-MAIL. THIS E-MAIL ADDRESS IS USED BY DEPARTMENT OF EDUCATION AUTOMATED SYSTEMS AND IS NOT MONITORED.

Your complaint with the Office for Civil Rights, a copy of which is reproduced below, has been automatically forwarded to the following office for review:

Office for Civil Rights/ED  
Boston Office

5 Post Office Square

Boston, MA, 02109-3921

So that we can best assist you, we call your attention to the following:

1. If you need to communicate with OCR regarding your complaint before you are contacted directly, please do not reply to this message, which would result in your reply going to a send-only server address. Instead, please direct your correspondence to the above office at [OCR.Boston@ed.gov](mailto:OCR.Boston@ed.gov).
2. If you need to modify or supplement your complaint, please do not use the complaint form to submit another complaint with the new information. Instead, you may simply send an email to the office that has your complaint. Filing duplicative complaints may impede our ability to review your concerns in a timely manner. (If you have a separate complaint involving other matters, you may of course use this form to submit it.)
3. Remember that before OCR can process your complaint it must receive at the above address a signed copy of the Office for Civil Rights Consent Form, which you can obtain at <http://www.ed.gov/about/offices/list/ocr/edlite-consentform.html>.
4. It is recommended that you print a copy of this message and retain it for your records.

The following information has been sent to the specified office:

OCR COMPLAINT FORM

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1. Enter information about you.

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Your First Name: [REDACTED] Your Last Name: [REDACTED]

Your Address: [REDACTED]

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City: [REDACTED]

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State: MA Zip Code: [REDACTED]

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Best Time to Call You: DAY Primary Phone No: [REDACTED]

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Alternative Phone No: [REDACTED]

Your Email Address: [REDACTED]

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## 2. Who else can we call if we cannot reach you?

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Contact's Name: [REDACTED]

Daytime Phone No: [REDACTED]

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Relationship to you: Spouse

## 3. Who was discriminated against?

Someone else

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Injured Person's Name: [REDACTED] / age 8

Daytime Phone No: [REDACTED] Non Responsive

Relationship to You (eg. son or daughter): Daughter

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Evening Phone No: [REDACTED]

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Injured Person's Address: [REDACTED]

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City: [REDACTED] State: MA

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Zip Code: [REDACTED]

## 4. What institution discriminated?

(b)(7)(C) Institution Name: [REDACTED] School

(b)(7)(C) Address: [REDACTED]

City: Amherst

State: MA

Zip Code: 01002

(b)(7)(C) School or department involved: [REDACTED] School

5. Have you tried to resolve the complaint through the institution's grievance process, due process hearing, or with another agency?

Yes

Agency Name: Superintendent of Schools

Date Filed: 12/14/2009 (mm/dd/yyyy)

Status: complaint was favorably resolved by superintendent, but his directive was countermanded by a subordinate while he was on vacation

6. Describe the discrimination

OCR enforces regulations that prohibit discrimination on the basis of race, color, national origin; sex; disability; and/or age.

All that apply:

race or color

national origin

retaliation

you filed a complaint or asserted your rights

Why you believe the discrimination was because of race, sex, disability, or whatever basis you indicated above or why you believe the action was retaliatory.

please see material faxed to a Susan in your office on December 30, 2009

7. Your complaint must be filed within 180 days of the discriminatory action

When did the last act of discrimination occur?

Enter the date: 12/22/2009 (mm/dd/yyyy)

Are you requesting a waiver of the 180-day filing time limit for discrimination that occurred more than 180 days before the filing of this complaint?

No.

8. What would you like the institution to do as a result of your complaint - what remedy are you seeking?

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All we are asking is that [REDACTED] be allowed to remain in Ms [REDACTED]'s class as authorized by the Superintendent.

Do you have written information that you think will help us understand your complaint?

Yes