

Otto, Diana

From: Halper, Judith on behalf of OCR Boston
Sent: Monday, July 12, 2010 12:54 PM
To: Halper, Judith
Subject: FW: OCR Electronic Complaint Submission

Non Responsive

-----Original Message-----

From: ocr_complaint@ed.gov [mailto:ocr_complaint@ed.gov]
Sent: Saturday, July 10, 2010 8:28 PM
To: [REDACTED] OCR Boston
Subject: OCR Electronic Complaint Submission

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.
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

1. Enter information about you.

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

Non Responsive Your Address: [REDACTED]

City: [REDACTED]

Non Responsive State: MA Zip Code: [REDACTED]

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

Alternative Phone No: [REDACTED] Non Responsive

Your Email Address: [REDACTED]

Non Responsive

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

Non Responsive Contact's Name: [REDACTED]

Daytime Phone No: [REDACTED]

Non Responsive Relationship to you: Spouse

3. Who was discriminated against?

Someone else

Non Responsive Injured Person's Name: [REDACTED] Daytime Phone No: [REDACTED] Non Responsive

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

Non Responsive Evening Phone No: [REDACTED]

Non Responsive Injured Person's Address: [REDACTED]

Non Responsive City: [REDACTED] State: MA

Non Responsive Zip Code: [REDACTED]

4. What institution discriminated?

Institution Name: Amherst Regional Public School

Address: 170 Chestnut Street

City: Amherst

State: MA

Zip Code: 01002

School or department involved: Amherst Regional High 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: BSEA (Mediation and Hearing)

Date Filed: 03/26/10 (mm/dd/yyyy)

Status: Case was closed on 7/9/10 due to a confidential Mediation settlement agreement reached between the parent and the school district involving a number of FAPE violations however parent was referred to OCR for concerns regarding Civil Rights violations. Parent withdrew BSEA Hearing request scheduled for 7/12/10 and 7/19/10 as part of the settlement "package deal" stipulated by the school district.
on 7/8/10

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:

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.

Non Responsive

(b)(7)(C)

[REDACTED] is a special needs student who attends Amherst Regional High School. He is diagnosed with [REDACTED] and [REDACTED]'s transportation protocol for the past 10 years included a bus monitor coming into our home to assist him descent the stairs and ride the school bus. However this routine was stopped abruptly January of this year by the Assistant Principal [REDACTED] and her colleagues in retaliation for advocacy related comments I made to a substitute bus monitor [REDACTED] regarding my conflict with the administration after she expressed concerns about how her employer was using her as substitute bus monitor

(b)(7)(C)

Non Responsive

Non Responsive

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

When did the last act of discrimination occur?

Enter the date: 1/19/10 (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?

The family would like the established transportation routine for the past decade involving bus monitor assisting [REDACTED] to exist the home restored.

Non Responsive

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

Yes