

Otto, Diana

From: ocr_complaint@ed.gov
Sent: Wednesday, February 03, 2010 5:12 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.
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.

Your First Name: [REDACTED]

Your Last Name: [REDACTED]

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Your Address: [REDACTED]

Non Responsive 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]

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

Non Responsive Contact's Name: [REDACTED]

Non Responsive Daytime Phone No: [REDACTED]

Relationship to you: Spouse

3. Who was discriminated against?

Someone else

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

(b)(7)(C) Relationship to You (eg. son or daughter): [REDACTED]

Non Responsive Evening Phone No: [REDACTED]

(b)(7)(C) Injured Person's Address: [REDACTED]

(b)(7)(C) City: [REDACTED] State: MA

Zip Code:

4. What institution discriminated?

Institution Name: Amherst Regional School Distri

Address: 170 Chestnut Street

City: Amherst

State: MA

Zip Code: 01002

School or department involved: Middle and High schools

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

No

Agency Name:

Date Filed: (mm/dd/yyyy)

Status:

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

disability

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.

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(b)(7)(C) [REDACTED] is an eight grader who found out very late last Fall of 2009 that the school secretly offered two Honors math courses to mostly white students. The information about these two courses were not made public to parents of 8th graders. [REDACTED] is qualified to take the courses but [REDACTED] was not given the opportunity to do so. (b)(7)(C)

(b)(7)(C) [REDACTED] was disciplined for the same infraction committed by [REDACTED] peers who are white but they were not disciplined. The discipline inequity is systemic at the High school for years and currently it is still a problem.

(b)(7)(C) [REDACTED] has autism condition, the High school Principal retaliated against me for being vocal about social justice/civil rights issues. He forced [REDACTED] out of school on 12/4/09 for a non medical emergency [REDACTED] was consequently treated differently due to [REDACTED] disability. Non Responsive

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(b)(7)(C)

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

When did the last act of discrimination occur?

Enter the date: (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?

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

Yes