



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

OFFICE OF STUDENT SUPPORT SERVICES

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The University of the State of New York THE STATE EDUCATION DEPARTMENT

Complaints About the Use of Corporal Punishment by BOCES, District or Charter School Personnel

The semi-annual report for 2014 summarizing incidents of complaints about the use of corporal punishment by BOCES, District or Charter School personnel is due on **January 15, 2015**. The report form, which covers the six-month period of **July 1, 2014—December 31, 2014**, is shown below. Please complete and return the form with the original signature of the BOCES district superintendent, school superintendent or charter school leader:

New York State Education Department
Office of Student Support Services
89 Washington Avenue, Room 318-M EB
Albany, New York 12234

Any questions concerning the regulation, reporting procedures or form should be forwarded to
(518) 486-6090.

Please use this information to accurately complete the report of allegations.
CR100.2 (l)(3)(ii)

SEMI-ANNUAL REPORT OF INCIDENTS OF COMPLAINTS ABOUT THE USE OF CORPORAL PUNISHMENT

Please provide the information requested on this form and return it no later than **January 15, 2015** to the Office of Student Support Services.

1. BOCES/School District/Charter School Name:

2. On the form provided on page 2, please set forth the substance of each complaint about the use of corporal punishment received by your BOCES/District/Charter School during the reporting period of **July 1, 2014—December 31, 2014**.

(☐) Check here if there were **no** complaints received concerning corporal punishment in this reporting period.

Date ____/____/____

BOCES District Superintendent/School Superintendent//Charter School Leader Signature:

Contact Name: _____

Contact Phone Number: _____

Contact E-mail Address: _____

3. In the space below, provide a summary of each complaint about the use of corporal punishment by personnel in this BOCES, District or Charter School. This form may be reproduced if additional sheets are needed.

Reporting Period: From **July 1, 2014**—**December 31, 2014**.

Complaint # and Date	Substance of Complaint	Result of Investigation	Action Taken, If Any