Office of Affirmative Action
580 Erial Road, Blackwood, New Jersey 08012-4550
(856) 227-4106 • Fax (856) 227-6835

www.bhprsd.org

#### **Discrimination/Harassment Complaint Form**

#### **Complaint Information**

Name:			Date:
	(First) (M.I.)	(Last)	
Addres	s:		Phone:
City: _			Zip Code:
Departi	ment:		Title:
Locatio	on:		Work Phone:
E-Mail	Address:		
Superv	isor's Name:		_
I prefer	to be contacted at the following: E-	Mail Work Ad	dressHome Address
Discrir	mination or Harassment Based on:		
0	Race	0	Pregnancy
0	Creed	0	Sexual Harassment
0	Gender	0	Military Service
0	Religion	0	Marital/domestic partnership/civil union
0	Age		status
0	National Origin	0	Disability
0	Color	0	Retaliation for Having Previously Filed an
0	Affectional or Sexual Orientation		Affirmative Action Complaint
0	Ancestry	0	Gender Identification or expression
0	Genetic Information		
0	Other (Specify)		

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Accused Information:		
Name (First, Middle, Last)	Title	Location
Discrimination History:		
First Date of this particular act of disc	crimination	
Witness Information (for the present a	alleged incident):	

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Have you reported this allegation of harassment or discrimination to any supervisor or administrator? If so, please indicate to whom, when, and what was the result:

Name	Title	Date	Disposition	
Nature of Charge:				
In detail, explain the <i>Natur</i> necessary:	re of the Charge, inclu	uding name(s) of person	n(s) involved (attachments may	be used if

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Resolution:		
What corrective action are you se	eking?	
	ion/Harassment complaint in the	past? If so, please provide the following
information:		
Type of complaint	Date Filed	Substantiated or Unsubstantiated

Certification: I certify that the foregoing information is correct to the best of my knowledge.

Complainant's Signature:	Date:		
	E PIKE REGIONAL SCHOOL DISTRICT ce of Affirmative Action		
To be completed by the building Affirmativ	ve Action Officer		
Findings:			
ALLEGATION(S) HAS BEEN FOUN HARASSMENT GUIDELINES	D TO BE SUPPORTED BY AFFIRMATIVE ACTION		
ALLEGATION(S) HAS NOT BEEN F HARASSMENT GUIDELINES	FOUND TO BE SUPPORTED BY AFFIRMATIVE ACTION		
DATE:	Affirmative Action Building Representative		

Attach to the form a written summary of your investigation including date of interviews. Please also be sure that you have responded to both parties within ten (10) day in writing with the results of your investigation.