

Princeton Public Schools

Staff Complaint Form

Based on Discrimination, Harassment, Sexual Harassment, Hostile Work Environment, or Intimidation

The Princeton Public Schools are committed to maintaining a work environment that is free from bullying, cyber-bullying, discrimination, harassment, sexual harassment or hostile work environment based on race, national origin or color, age, disability, religious preference, sex (including non-conformity to gender stereotypes), sexual orientation, or gender identity or expression. Intimidation or retaliatory acts are prohibited. This complaint shall remain confidential to the fullest extent allowed by law.

Complaint Information:

Name:			
Address:		City:	State: ZIP:
Home Phone:	Work Phone:	Email:	
School or Work Location/Department:		Occupation:	

This complaint alleges (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Intimidation | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Hostile Work Environment |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Cyber-Bullying | |

On the basis of (check all that apply):

- | | | | |
|---|---|--|------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Age |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Religious Preference | <input type="checkbox"/> Gender | |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender Identity or Expression (including non-conformity to gender stereotypes) | | |

Subject of Complaint:

Name:
Occupation (if known):
School or Work Location/Department:

Complaint:

Incident(s) occurred or began on or about (date):	Time of Occurrence (approximate is acceptable):
Place of Occurrence (description of area or address). Example: "Room N-99, Anytown High School":	
Description of Incident (Please attach additional information as necessary.):	

Please attach any and all related documents necessary to the investigation.

Staff Complaint Form

Based on Discrimination, Harassment, Sexual Harassment, Hostile Work Environment, or Intimidation

Possible Witnesses:

Name:	Contact Information (if known):
School or Work Location/Department:	Occupation (if known):
Information witness may have:	

Name:	Contact Information (if known):
School or Work Location/Department:	Occupation (if known):
Information witness may have:	

Signature of Complainant

Date

To Be Completed by Human Resources

Date Received: