

**The Red Bank Borough Board of Education
76 Branch Avenue, Red Bank, NJ 07701**

Equal Opportunity/Affirmative Action Office

COMPLAINT FORM

The Red Bank Borough Board of Education is committed to prompt resolution of complaints in a manner consistent with our policies. This form is to be used so that we can be certain that all necessary steps for a resolution have been completed. Please feel free to attach additional sheets of information if you believe necessary. The EO/AA representative will assist you in completing this form if you wish.

Complainant

Name: _____

Student: _____ Grade _____ School _____ Principal _____

Employee: _____ Title: _____ School _____ Supervisor: _____

Where do you prefer to be contacted? Work ___ Home ___ Work Number: _____

Home Number: _____ Address: _____

Were you discriminated against with regard to your rights in:

Employment: _____ Education: _____ Retaliation: _____

Were you discriminated against because of your:

Race: _____ Color: _____ National Origin: _____

Religion: _____ Age: _____ Sex (Gender) _____

Disability: _____ Veterans Status: _____ Sex Orientation: _____

Sexual Harassment: _____

Complaint Acknowledgement:

I certify that to the best of my knowledge the information that I have provided is accurate and the events and circumstances are as I have described them.

I acknowledge that I have been provided a copy of the district’s policy relating to this complaint.

I understand and acknowledge that a copy of this complaint, along with the attachments, will be furnished to the alleged offender. I also understand and consent to the disclosure of information contained in this complaint to appropriate administrators and witnesses interviewed for the purpose of investigating this complaint. I am willing to cooperate fully in the investigation and provide whatever evidence the district deems relevant.

I understand that the nature of this complaint, correspondence, and all discussions conducted in the course of investigation of the information contained in this complaint are confidential to the extent permitted by law and unauthorized disclosures of information concerning the investigation could result in disciplinary action. I agree to abide by these guidelines.

Signature: _____ Date: _____

If an advisor will assist you in the complaint process, indicate the individual’s name, title, address and telephone number:

Is the advisor a lawyer? ___ Yes ___ No

Please note: If you indicate you will be assisted by an advisor, your signature below authorizes the named individual to receive copies of relevant student records and correspondence regarding the complaint and to accompany you to any meetings.

Signature: _____ Date: _____

Date: _____

Signature of Complainant