

MANVILLE PUBLIC SCHOOLS
1100 Brooks Blvd
Manville, New Jersey 08835
Phone: (908) 231-8500
Fax: (908) 231-8532

Discrimination Complaint Form

Name: _____

Home Phone #: _____

Address: _____

Work Phone #: _____

Cell Phone #: _____

Check the type of discrimination you experienced:

Sex (gender)

Marital status

Pregnancy

Mental disability

Physical disability

Handicap

Emotional disability

Learning disability

Creed, religion, ancestry

Race, National origin

Sexual orientation

Give a brief explanation: _____

Where specifically did the incident(s) occur? _____

Describe the incident (include names, dates, places and other specific actions or words):

What action if any have you taken so far? _____

Discrimination Complaint Form (continued)

What would you like to happen as a result of this complaint? _____

As you are aware, the Manville Board of Education is committed to the prevention of discrimination on any basis enumerated above. The signature below acknowledges that you are aware that the Manville Board of Education may be required by law and/or its own discretion to investigate the Complaint(s) set forth in this discrimination complaint form. Such an investigation and the manner the investigation is conducted is at the sole discretion of the Manville Board of Education. While the Manville Board of Education will attempt to maintain the investigation in a confidential manner, confidentiality cannot be guaranteed and it is almost inevitable that there will be some disclosure of facts and identities of individuals participating in the investigation.

Name (print) of the person making complaint

Signature of person making complaint

Date

Name (print) of the person investigating complaint

Signature of person investigating complaint

Date

Action taken:

