



WILDWOOD CREST SCHOOL DISTRICT
9100 PACIFIC AVENUE
WILDWOOD CREST, NEW JERSEY 08260
PHONE: (609)522-1522 FAX: (609)522-2047

Affirmative Action Complaint Form

Name of Complainant: _____
(May be left blank)

Date: _____

Description of Complaint:

Date received by Affirmative Action officer: _____

Signature of Affirmative Action Officer _____