Carlstadt Public School

550 Washington Street ◇ Carlstadt, NJ 07072
Phone: 201-672-3000 ◇ www.carlstadt.org

COMPLAINT / REFERRAL FORM

Name of Complainant:				
☐ **Staff**	☐ **Student**	☐ **Parent**	☐ **Visitor**	☐ **Vendor**
Date & Time of Incident:		**Location of Incident:**		
Name of Accused:				
Name of Witness #1:				
Name of Witness #2:				
Name of Witness #3:				

Discrimination on the basis of:	☐ **Race/Color**	☐ **National/Ethnic Origin**	☐ **Age**
	☐ **Sex**	☐ **Sexual Orientation**	☐ **Sexual Harassment**
	☐ **Gender Identity**	☐ **Disability**	☐ **Other**
	☐ **Religion**	☐ **Creed**	

Provide a detailed description of the incident. Include any verbal or derogatory comments and/or gestures. A separate document may be attached:

What relief do you seek?

Print Name:	**Signature:**	**Date:**

District Policy and State Law Prohibits Retaliation Against All Participants