

Affirmative Action - Discrimination/ Harassment Complaint Form

The Eastampton Township School District does not discriminate in its employment practices, business action, and/or educational opportunities because of race, creed, color, national origin, ancestry, marital status, sex, or handicap.

**Affirmative Action Officer: Nicole McGann, Curriculum Supervisor
(609) 267-9172, Extension 124**

Your Full Name: _____

Date:_____

Full Address: _____

Phone Number: _____ Email:_____

Discrimination or Harassment Based on: *Check all that apply.*

- ☐ Race
- ☐ Creed
- ☐ Gender
- ☐ Religion
- ☐ Age
- ☐ National Origin
- ☐ Color
- ☐ Affectional or Sexual Orientation
- ☐ Ancestry
- ☐ Pregnancy
- ☐ Sexual Harassment
- ☐ Military Service
- ☐ Marital/domestic partnership/civil union status
- ☐ Disability
- ☐ Retaliation for having previously filed an affirmative action complaint Gender identification
- ☐ Genetic Information

Accused Information:

Full Name and Title: _____

Date, Time, and Location of Incident(s):

Discrimination Incident(s): (Provide a detailed description of the incident(s).
Include any verbal/derogatory comments and /or gestures.)

Were there any witnesses to the incident(s)? If yes, please include their full
name(s).

Resolution: What corrective action are you seeking?

Certification:

I certify that the foregoing information is correct to the best of my knowledge:

Signature

Date

**DISTRICT POLICY AND STATE LAW PROHIBITS RETALIATION AGAINST
ALL PARTICIPANTS.**