



Discrimination/Harassment Complaint Form

1. Complainant Information: Please print and provide complete names of Complainant preferred information.

Name (First, M.I., Last)

Employee ID

Date

Home Address

Preferred Phone

Preferred Email

2. Employment Information

Location

Title

Department

Phone

Supervisor's Name

Title

Location

Phone

3. Basis of Discrimination or Harassment:

- | | | |
|---|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Ancestry | <input type="checkbox"/> Race/Color |
| <input type="checkbox"/> Atypical Hereditary Cellular or Blood Trait | <input type="checkbox"/> Sex/Gender (Including Pregnancy) | <input type="checkbox"/> Domestic Partnership Status |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Nationality | <input type="checkbox"/> Gender Identity/Expression |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Affectional/Sexual Orientation | <input type="checkbox"/> Marital/Civil Union Status | <input type="checkbox"/> Liability for Military Service |
| <input type="checkbox"/> Familial Status | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Retaliation for filing a discrimination complaint, participating in a complaint investigation, or opposing a discriminatory practice | | |
| <input type="checkbox"/> Retaliation based on Conscientious Employee Protection | | |

4. Accused Information: Please provide complete name(s) and all known information of the person(s) accused of mistreatment.

Name (First, M.I., Last)

Title

Location

Phone

5. Allegation of Discrimination/Harassment History: Please explain the Nature of the Charge, including names(s) of person(s) involved and date(s) that the alleged behavior occurred. You may submit a detailed written statement.

6. Witness Information: Please provide complete names and all known information of all witnesses.

| Name (First, M.I., Last) | Title | Location | Phone |
|--------------------------|-------|----------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

7. Report of Incident: Please indicate below if you have reported this allegation of harassment/discrimination to any supervisor or administrator? If so, please indicate to whom, when, and what was the result.

| Name (First, M.I., Last) | Title | Date | Disposition |
|--------------------------|-------|-------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

8. Related Complaints: Please indicate if this matter is the subject of any investigation or mediation in any other office. If "yes," please indicate when the reports were made and its result.

- | | | |
|---|------------------------------|-----------------------------|
| a. The Office of Employee and Labor Relations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Equal Employment Opportunity Commission (EEOC) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. NJ Division of Civil Rights | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Union | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- _____
- _____

9. Resolution: What remedy or corrective action are you seeking?

10. Complaint History: Please indicate if you previously filed a Discrimination/Harassment Complaint:

| Type of Complaint | Date Filed | Finding: Substantiated or Unsubstantiated? |
|-------------------|------------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

CERTIFICATION

I, _____, certify that the foregoing information is correct to the best of my knowledge.
[Print Complainant's Name]

Complainant's
Signature: _____

Date: _____