Merchantville School District

Affirmative Action

It is the mission of the Affirmative Action Office to ensure that the Merchantville School District Board of Education maintains compliance with federal, state, and local laws and regulations pertaining to non-discrimination and affirmative action for staff and students. It is not always possible to honor a person's request for confidentiality.

Complaint Form

Name of Complainant: _____ Today's Date: _____

Job Title: _____ Phone number to be reached: _____

E-Mail: _____

Please mark appropriate response: ☐ Employee ☐ Applicant ☐ Vendor/Contractor ☐ Other: _____

Department: _____

Dates(s) and Times(s) of Incident: _____ Name of Accused: _____

Location of Incident: _____

Names of Witnesses:

1. _____
2. _____
3. _____
4. _____

Discrimination on the basis of:	☐ Age	☐Disability	☐Marital/Civil Union Status	☐Sexual Harassment
	☐ Affectional/Sexual Orientation	☐Domestic Partnership Status	☐Nationality	☐Other: Please specify
	☐Ancestry	☐Familial Status	☐Race	
	☐Color	☐Gender Identity or Expression	☐Religion	
	☐Creed	☐Liability for Military Service	☐Sex/Gender (including pregnancy)	

Summary of alleged complaint: *Please include a detailed description of what occurred including any verbal comments and responses from both parties.*

What corrective action(s) do you seek?
What action, if any, has been taken so far?

Was the incident reported to anyone? ☐ Yes ☐ No

If yes, who and when? _____

Complainant Signature: _____ Date: _____

Acknowledged by the AAO: _____ Date: _____