PATERSON PUBLIC SCHOOLS
Affirmative Action Office

CONFIDENTIAL

COMPLAINT / REFERRAL FORM

Name of Complainant:	
☐ Staff ☐ Student ☐ Parent ☐ Visitor ☐ Vendor	
Date of Incident:	
Location of Incident:	
Time of Incident:	

Name of Accused:	
☐ Staff ☐ Student ☐ Parent ☐ Visitor ☐ Vendor	

Name of Witness:	
☐ Staff ☐ Student ☐ Parent ☐ Visitor ☐ Vendor	

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/derogatory comments and /or gestures:

What relief do you seek?

Print Name: _____

Signature: _____

Date

DISTRICT POLICY AND STATE LAW PROHIBITS RETALIATION AGAINST ALL PARTICIPANTS.