

BOONTON PUBLIC SCHOOLS

Discrimination/Harassment Complaint Form

1. Complainant Information:

(Please print and provide complete names of Complainant, Accused, and Witnesses)

Name: _____ Date: _____
(First) (M.I.) (Last) (Empl. ID.)

Address: _____ Phone: _____

City: _____ Zip Code: _____

Department: _____ Title: _____

Location: _____ Work Phone: _____

Your E-mail Address: _____

Supervisor's Name: _____ Supervisor's Title: _____

I would prefer to be contacted at the following: E-mail Work Address Home Address

Supervisor's Work Location: _____ Supervisor's Work Phone: _____

2. Discrimination or Harassment Based on:

- Race Sex Religion
- Age National Origin Color
- Affectional/Sexual Orientation Ancestry Sexual Harassment
- Marital Status Disability Retaliation for Having Previously Filed an Affirmative Action Complaint
- Other (Specify) _____

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3. Accused Information:

| Name (First, M.I., Last) | Title | Location |
|--------------------------|-------|----------|
| a. _____ | _____ | _____ |
| b. _____ | _____ | _____ |
| c. _____ | _____ | _____ |
| d. _____ | _____ | _____ |

4. Discrimination History:

First Date of this particular act of discrimination _____

Most recent date this act of discrimination occurred _____

5. Witness Information (for the present alleged incident):

| Name (First, M.I., Last) | Title | Location |
|--------------------------|-------|----------|
| a. _____ | _____ | _____ |
| b. _____ | _____ | _____ |
| c. _____ | _____ | _____ |
| d. _____ | _____ | _____ |
| e. _____ | _____ | _____ |
| f. _____ | _____ | _____ |
| g. _____ | _____ | _____ |
| h. _____ | _____ | _____ |
| g. _____ | _____ | _____ |

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6. Procedural History:

Is this matter the subject of any investigation or mediation in any other office, such as:

- a. The Office of Employee and Labor Relations;
- b. Equal Employment Opportunity Commission (EEOC);
- c. NJ Division of Civil Rights; or
- d. Union?

Yes No If "Yes," please indicate to whom and when the reports were made, and indicate the disposition:

| Name | Title | Date | Disposition |
|----------|-------|-------|-------------|
| a. _____ | _____ | _____ | _____ |
| b. _____ | _____ | _____ | _____ |
| c. _____ | _____ | _____ | _____ |
| d. _____ | _____ | _____ | _____ |

7. Report

Have you reported this allegation of harassment or discrimination to any supervisor or administrator?
If so, please indicate to whom, when, and what was the result:

| Name | Title | Date | Disposition |
|----------|-------|-------|-------------|
| a. _____ | _____ | _____ | _____ |
| b. _____ | _____ | _____ | _____ |
| c. _____ | _____ | _____ | _____ |

8. Nature of Charge:

In detail, explain the Nature of the Charge, including name(s) of person(s) involved
(*attachments may be used, but please Do Not simply write "See Attachment"*):

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11. Complaint Acknowledgement

I certify that to the best of my knowledge the information that I have provided is accurate and the events and circumstances are as I have described them.

I acknowledge that I have been provided a copy of the district's policy relating to this complaint.

I understand and acknowledge that a copy of this complaint, along with the attachments, will be furnished to the alleged offender.

I also understand and consent to the disclosure of information contained in this complaint to appropriate administrators and witnesses interviewed for the purpose of investigating this complaint.

I am willing to cooperate fully in the investigation and provide whatever evidence the district deems relevant.

I understand that the nature of this complaint, correspondence, and all discussions conducted in the course of investigation of the information contained in this complaint are confidential to the extent permitted by law and unauthorized disclosures of information concerning the investigation could result in disciplinary action.

I agree to abide by these guidelines.

Signature: _____ Date: _____

If an advisor will assist you in the complaint process, indicate the individual's name, title, address and telephone number:

Is the advisor a lawyer? __ Yes __ No

Please note: If you indicate you will be assisted by an advisor, your signature below authorizes the named individual to receive copies of relevant student records and correspondence regarding the complaint and to accompany you to any meetings.

Signature: _____ Date: _____

For Official Use Only

Received By: _____ **Date:** _____

Steven Gardberg, District Affirmative Action Officer

(First name) (M.I.) (Last name) (Title)