



Roger León
Superintendent

Newark Board of Education

Dr. Yolanda Méndez, Affirmative Action Officer

Where Passion Meets Progress

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:

NBOE Department Title Location Phone

Supervisor's Name Title Location Phone

3. Basis of Discrimination or Harassment:

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

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 Yes No
- b. Equal Employment Opportunity Commission (EEOC) Yes No
- c. NJ Division of Civil Rights Yes No
- d. Union Yes 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: _____