

**Jersey City Public Schools  
Office of Affirmative Action**

346 Claremont Ave  
Jersey City, New Jersey 07305  
Phone: 201-413-6967  
Email: [AATeam@jcboe.org](mailto:AATeam@jcboe.org)  
Fax: 201-433-3768

**Discrimination/Harassment Complaint Form**

**Complainant Information:** *(Please Print or E-mail)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (M.I.) (Last)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Location: \_\_\_\_\_ Work Phone: \_\_\_\_\_

You're E-mail Address: \_\_\_\_\_@\_\_\_\_\_

Supervisor's Name \_\_\_\_\_

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

**Discrimination or Harassment Based on:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Race                           | <input type="checkbox"/> Gender                | <input type="checkbox"/> Religion   |
| <input type="checkbox"/> Age                            | <input type="checkbox"/> National Origin       | <input type="checkbox"/> Color  |
| <input type="checkbox"/> Affectional/Sexual Orientation | <input type="checkbox"/> Ancestry              | <input type="checkbox"/> Sexual Harassment  |
| <input type="checkbox"/> Marital Status                 | <input type="checkbox"/> Disability            | <input type="checkbox"/> <u>Retaliation</u> for Having Previously Filed an Affirmative Action Complaint |
| <input type="checkbox"/> Hostile Workplace              | <input type="checkbox"/> Other (Specify) _____ |   |



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*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:*

<b><i>Name</i></b>	<b><i>Title</i></b>	<b><i>Date</i></b>	<b><i>Disposition</i></b>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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***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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**Resolution:**

**What corrective action are you seeking?**

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**Have you ever filed a Discrimination/Harassment complaint in the past? If so, please provide the following information:**

<u>Type of complaint</u>	<u>Date Filed</u>	<u>Substantiated or Unsubstantiated</u>
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<hr/>	<hr/>	<hr/>
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**Certification:** I certify that the foregoing information is correct to the best of my knowledge.

**Complainant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SEND TO  
AFFIRMATIVE ACTION TEAM  
C/O Division A  
346 Claremont Avenue  
Jersey City, New Jersey 07305

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Affirmative Action Team Use Only

**Findings**

\_\_\_\_ALLEGATION (S) HAS BEEN FOUND TO BE SUPPORTED BY  
AFFIRMATIVE ACTION HARASSMENT GUIDELINES

\_\_\_\_ALLEGATION (S) HAS NOT BEEN FOUND TO BE SUPPORTED BY  
AFFIRMATIVE ACTION HARASSMENT GUIDELINES

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Signature)  
Affirmative Action Building Representative