

# Pittsgrove Township School District

Office of Affirmative Action

1076 Almond Rd. Pittsgrove, NJ 08318

## Grievant Complaint Form

### Complaint Information

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

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

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

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

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

E-Mail Address: \_\_\_\_\_

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

I prefer to be contacted at the following: \_\_\_ EMail \_\_\_ Work Address \_\_\_ Home Address

### Discrimination or Harassment Based on:

- Race
- Gender
- Age
- Color
- Ancestry
- Pregnancy
- Military Service
- Disability
- Retaliation for Having Previously Filed an Affirmative Action Complaint
- Other (Specify) \_\_\_\_\_
- Creed
- Religion
- National Origin
- Affectional or Sexual Orientation
- Genetic Information
- Sexual Harassment
- Marital/domestic partnership/civil union status
- Gender Identification or expression



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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:

| Name  | Title | Date  | Disposition |
|-------|-------|-------|-------------|
| _____ | _____ | _____ | _____       |
| _____ | _____ | _____ | _____       |
| _____ | _____ | _____ | _____       |
| _____ | _____ | _____ | _____       |

### Nature of Charge:

In detail, explain the Nature of the Charge, including name(s) of person(s) involved (attachments may be used if necessary):

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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: Type of complaint Date Filed Substantiated or Unsubstantiated

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Certification: I certify that the foregoing information is correct to the best of my knowledge.

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

**To be completed by the building Affirmative Action Officer**

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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: \_\_\_\_\_ Affirmative Action Building  
Representative

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Attach to the form a written summary of your investigation including date of interviews. Please also be sure that you have responded to both parties within ten (10) day in writing with the results of your investigation.