

Northern Highlands Regional School District Office of Affirmative Action

298 Hillside Avenue
Allendale, New Jersey 07401
Phone: 201-327-8700 ext. 230
Email: peterfriendk@northernhighlands.org
Fax: 201-236-9543

Discrimination/Harassment Complaint Form

Complainant Information: (Please Print or Type)

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

Department: _____ Title: _____

Your Email Address: _____ @ _____

Discrimination or Harassment Based on: (Please check all that you feel apply)

- | | | |
|---|--|---|
| <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"/> Marital Status | <input type="checkbox"/> Ancestry | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Hostile Workplace* | <input type="checkbox"/> Disability | <input type="checkbox"/> Affectional/Sexual Orientation |
| <input type="checkbox"/> Retaliation for having
previously filing an
Affirmative Action complaint | <input type="checkbox"/> Other (specify) | |

*A hostile workplace is an environment in which the conduct of administrators, supervisors, or co-workers has created a discriminatory environment (based on gender, race, religion, age, orientation, disability or national origin) that a reasonable person would find so abusive or intimidating that it impacts the ability to work.

Accused Information:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Discrimination History:

First date of this particular act of discrimination _____

Resolution:

What corrective action are you seeking?

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

Complainant's Signature: _____ **Date:** _____

Affirmative Action Officer 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

Disposition:

AAO Signature: _____ **Date:** _____

(A copy of this report has been placed in the personnel file of the accused.)