

Northern Highlands Regional School District
Office of Affirmative Action
298 Hillside Avenue
Allendale, New Jersey 07401
Phone: 201-327-8700 ext. 530
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"/> Affectional/Sexual
Orientation | <input type="checkbox"/> Ancestry | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Disability | <input type="checkbox"/> Retaliation for Having Previously
Filed an Affirmative Action
Complaint |
| <input type="checkbox"/> Hostile Workplace | <input type="checkbox"/> Other (Specify) _____ | |

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 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

Disposition:

Date: _____ **AAO Signature:** _____

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