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## Discrimination/Harassment Complaint Form (Revised September 2, 2015)

### 1. Complainant Information:

*(Please Print and Please Provide Complete Names of Complainant, Accused, and Witnesses)*

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

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

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

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

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

**Your E-mail Address:** \_\_\_\_\_ @ \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Supervisor's Title:** \_\_\_\_\_

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

**Supervisor's Work Location:** \_\_\_\_\_ **Supervisor's Work Phone:** \_\_\_\_\_

**2. 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 |
| <input type="checkbox"/> Hostile Workplace              | <input type="checkbox"/> Physical Characteristics | Previously Filed and                                   |
| <input type="checkbox"/> Other ( <i>Specify</i> ) _____ |   | Affirmative Action Complaint                           |

**3. Accused Information:**

	<b>Name (First, M.I., Last)</b>	<b>Title</b>	<b>Location</b>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____
g.	_____	_____	_____
h.	_____	_____	_____

**4. Discrimination/Harassment History:**

**First Date of this particular act of discrimination** \_\_\_\_\_

**Most Recent Date this act of discrimination occurred** \_\_\_\_\_

**5. Witness Information (for the present alleged incident):**

	<b>Name (First, M.I., Last)</b>	<b>Title</b>	<b>Location</b>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____
g.	_____	_____	_____
h.	_____	_____	_____
i.	_____	_____	_____
j.	_____	_____	_____
k.	_____	_____	_____

**6. Procedural History:**

**Is this matter the subject of any investigation or mediation in any other office, such as:**

- a. The Office of Employee and Labor Relations;**
- b. Equal Employment Opportunity Commission (EEOC);**
- c. Essex County Vocational Technical Schools Legal Office; or**
- d. Union?**

**Yes**     **No**    If “Yes”, please indicate to whom and when the report was made, and indicate the disposition:

	<b>Name</b>	<b>Title</b>	<b>Date</b>	<b>Disposition</b>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____

- c. \_\_\_\_\_
- d. \_\_\_\_\_

**7. 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>Name</b>	<b>Title</b>	<b>Date</b>	<b>Disposition</b>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____

**8. Nature of Charge:**

**In detail, explain the Nature of the Charge, including name(s) of person(s) involved (*attached may be used, but please Do Not simply write "See Attachment"*):**

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**9. Resolution:**

**What corrective action are you seeking?**

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**10. 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
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

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

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

<b>For Official Use Only</b>		
1. A B C D	2. A B	3. A B

**Received By:** Text \_\_\_\_\_ **Date:** \_\_\_\_\_

Cathleen Smith, Affirmative Action Officer

\_\_\_\_\_

(first name) (m.i.) (last name) (title)