**ESSEX COUNTY SCHOOLS OF TECHNOLOGY**

Office Of Affirmative Action

*Discrimination Grievance Form*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | Date: | |
| Phone#: | | School: | | | Student Staff | |
| Address: | | | | | | |
| Email Address: | | | Principal/Supervisor: | | | |
|  | | | | | | |
| Date(s) of Discriminatory Action: | | | | | | |
| Name of person(s) you are accusing of Discrimination: (include name, title, location, phone number)  1.  2. | | | | | | |
| Basis of Discrimination: | | | | | | |
| Age  Sexual Orientation  Ancestry  Color | Disability  Familial Status  Gender Identity  National Origin | | Race  Religion  Sexual Harassment  Retaliation | | | Physical Characteristics  Pregnancy  Creed  Marital Status |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Explain why you feel you have discriminated against: CHECK IF ADDITIONAL PAGES ARE ATTACHED | | | | | | |
| Who were the discriminatory actions you are reporting directed at? You and/or another party | | | | | | |
| Provide date(s) of alleged discrimination: | | | | | | |
| Name(s) of Witnesses (if applicable): | | | | | | |
| Was the incident reported to anyone? Yes No *If yes, to whom and when?* | | | | | | |
| What remedy or resolution are you seeking? | | | | | | |
| If proposed by the Affirmative Action (AA) Officer, are you willing to resolve the issue through mediation? Yes No | | | | | | |
| Is this complaint the subject of any investigation or mediation in any other office, such as? | | | | | | |
| NJ Division of Civil Rights: Yes No  US Equal Employment Opportunity Commission: Yes No | | | | Office of Employee and Labor Relations: Yes No  Union: Yes No | | |
|  | | | | | | |
| Have you filed a Discrimination/Harassment complaint in the past? Yes No | | | | | | |
| Type of Complaint: | | Date Filed: | | | Finding: Substantiated Unsubstantiated | |
| Complainant’s Signature: | | | | | Date: | |
|  | | | | | | |
| AA Officer Signature: | | | | | Date Received: | |