**ESSEX COUNTY SCHOOLS OF TECHNOLOGY**

Office Of Affirmative Action

*Discrimination Grievance Form*

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| --- | --- |
| 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 [ ] NoUS Equal Employment Opportunity Commission: [ ] Yes [ ] No | Office of Employee and Labor Relations: [ ] Yes [ ] NoUnion: [ ] 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: |