**OFFICE OF ACCESS & EQUITY**

Dr. Ronald Taylor, Superintendent

Dr. Gretel T. Pérez, Asst. Superintendent of Access & Equity/

Affirmative Action Officer

Thomas J. Whitaker, Asst. Affirmative Action Officer

**AFFIRMATIVE ACTION/HARASSMENT COMPLAINT FORM**

**Confidential**

1. **Complainant Information**

Staff member  Student  Parent/Guardian  Other: Click or tap here to enter text.

If you are a staff member: Job Location: Click or tap here to enter text.

Job Title: Click or tap here to enter text.

Name (First, Middle Initial, Last): Click or tap here to enter text.

Address: Street (Apt. #, if applicable):Click or tap here to enter text.

City, State and Zip Code:Click or tap here to enter text.

Home/Cell #: Click or tap here to enter text.

Work #: Click or tap here to enter text.

E-Mail: Click or tap here to enter text.

I would prefer to be contacted at the following:  Home/Cell  Work  E-mail

1. **Complaint:**

Name(s) of Accused: Click or tap here to enter text.

Title(s):Click or tap here to enter text.

*Relationship to Accused:* Click or tap here to enter text.

*Date(s) of Incident:* Click or tap here to enter text.

*Location of Incident:* Click or tap here to enter text.

1. **Discrimination Based Upon:**

Race  Color  Age  Gender Identity  Creed  Religion

National/Ethnic Origin  Affectional/Sexual Orientation  Disability

Other (Specify): Click or tap here to enter text.

1. **Nature of Charge:** In detail, please explain the nature of the charge including name(s) of person(s) involved. Attachments may be used.

Click or tap here to enter text.

1. **Witness Information** (for the present alleged incident): Click or tap here to enter text.
2. **Procedural History:** Was the complaint reported to anyone?  Yes  No

If marked “yes”, please provide:

Name(s): Click or tap here to enter text.

Title(s): Click or tap here to enter text.

Date(s): Click or tap here to enter text.

1. **Resolution/Remedy Sought:** Click or tap here to enter text.

**To the best of my knowledge and belief, the above information is complete, true and accurate. I hereby submit this complaint under the South Orange and Maplewood School District Affirmative Action Complaint Procedure.**

**Complainant’s Signature:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.