

SCOTCH PLAINS-FANWOOD SCHOOL DISTRICT
Affirmative Action for Employment Practices
Office of Human Resources
512 Cedar Street
Scotch Plains, NJ 07076
(908) 232-6161 x4007
CONFIDENTIAL INFORMATION

Dr. Joan V. Mast
Superintendent

Peter N. Pitucco
AAO for Employment Practices

AFFIRMATIVE ACTION/HARASSMENT COMPLAINT FORM

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"/> Color | <input type="checkbox"/> Age |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Religion | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Affectional/Sexual Orientation | <input type="checkbox"/> Ancestry | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Martial 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) _____ | |

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3. Accused Information

Name (First, M.I., Last)	Title	Location
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____

4. Discrimination 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):

Name (First, M.I., Last)	Title	Location
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____

6. Procedural History:

Has the Complaint been reported to any Supervisor and/or Administrator? Yes No
If "Yes," please provide Name, Title and date(s).

Name (First, M.I., Last)	Title	Date
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____

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7. Nature of Charge:
In detail, explain the nature of charge including name(s) of person(s) involved
(Attachments and/or the back of this form may be used):

8. Resolution:
What corrective action are you seeking?

Complaint

Signature: _____ **Date:** _____

Official Use Only:

Investigated By: _____ **Date:** _____

Administrator

C: AAO and Dr. Joan V. Mast, Superintendent **Date:** _____