

Riverside School District Equal Opportunity and Affirmative Action Complaint Form (Form A)

Complainant's Full Name: _____

Title/ Department: _____

Workplace Contact Information (building, room number, email): _____

Reason for Complaint (circle): Biased Based Sexual Harassment Healthy Workplace

Protected Class (place a in the appropriate box(es) indicating the bias of the alleged discrimination)

<input type="checkbox"/> Age	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> National Origin or Ancestry	<input type="checkbox"/> Veteran/ Military Status
<input type="checkbox"/> Disability	<input type="checkbox"/> Genetic Information
<input type="checkbox"/> Race	<input type="checkbox"/> Other Physical Attribute (includes gender bias)
<input type="checkbox"/> Color	<input type="checkbox"/> Religion

DESCRIPTION OF THE ALLEGED DISCRIMINATORY ACTION(S): Describe the discriminatory action that occurred. Be as precise as possible with regard to names of involved participants/ witnesses, locations, times and dates. Use additional sheets of paper if necessary.

Who is the accused? _____

Is the accused aware of the allegations? Yes No

What was the Offensive Action? _____

When did it happen (date, time, one time/ reoccurring)? _____

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Where did it happen? _____

How did you react/ respond? _____

List any witnesses. _____

Do you have any physical evidence relative to this claim? _____

Please describe any effects to your job as a result of this incident. _____

What proposed action or remediation are you seeking? _____

Note: While the Affirmative Action Officer uses his/her best efforts to protect information you provide from disclosure, such information may be subject to release under the following circumstances: request for open public records (OPRA), in response to charges filed with the Equal Employment Opportunity Commission (EEOC), the New Jersey Law Against Discrimination (LAD), Department of Education (DOE), Office of Civil Rights and other administrative agencies or complaints filed in state or federal court, whether filed by you or others. The Family Educational Rights and Privacy Act (FERPA) prohibits disclosure of student information in certain situations. Your signature indicates you have read and understand the contents of this document and that all statements and responses are accurate to the best of your knowledge and you declare that this complaint has been made in good faith.

Complainant Signature

Date

Acknowledged by the AAO

Date