

# Jersey City Public Schools

Affirmative Action Office

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Jersey City, NJ 07305

201.915.6125

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## *Discrimination/Harassment Complaint Form*

\* Complaint form can be filled out on computer by clicking in the text boxes and typing. An original signature is required.

\* Complaint form can also be printed and completed by hand. Please print neatly.

\* Completed forms may be submitted via US mail, interoffice mail, or e-mail.

<b>First Name</b>	Click here to enter text.
<b>Last Name</b>	Click here to enter text.
<b>Address</b>	Click here to enter text.
<b>Phone</b>	Click here to enter text.
<b>Email</b>	Click here to enter text.
<b>School/Dept.</b>	Click here to enter text.
<b>Supervisor Name</b>	Click here to enter text.

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### *Discrimination/Harassment Complaint Form*

**I wish to file a complaint of:** *(check all that apply)*

Sexual Harassment	<input type="checkbox"/>
Retaliation for Having Previously Filed an Affirmative Action Complaint	<input type="checkbox"/>

**Discrimination on the basis of:**

Race	<input type="checkbox"/>
Gender	<input type="checkbox"/>
Religion	<input type="checkbox"/>
Age	<input type="checkbox"/>
National Origin	<input type="checkbox"/>
Gender Identity or Expression	<input type="checkbox"/>
Color	<input type="checkbox"/>
Affectional/Sexual Orientation	<input type="checkbox"/>
Ancestry	<input type="checkbox"/>
Marital, Civil Union, or Domestic Partnership Status	<input type="checkbox"/>
Disability	<input type="checkbox"/>
<b>Other (please specify):</b>	

**Person(s) Accused:**

<b>Name</b>	Click here to enter text.
<b>Title</b>	Click here to enter text.
<b>Location</b>	Click here to enter text.

<b>Name</b>	Click here to enter text.
<b>Title</b>	Click here to enter text.
<b>Location</b>	Click here to enter text.

<b>Name</b>	Click here to enter text.
<b>Title</b>	Click here to enter text.
<b>Location</b>	Click here to enter text.

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*Discrimination/Harassment Complaint Form*

Have you reported this allegation of harassment or discrimination to any supervisor or administrator? If so, please indicate to whom, when and what was the result.

<b>Name</b>	Click here to enter text.
<b>Title</b>	Click here to enter text.
<b>Date</b>	Click here to enter a date.
<b>Disposition</b>	Click here to enter text.

<b>Name</b>	Click here to enter text.
<b>Title</b>	Click here to enter text.
<b>Date</b>	Click here to enter a date.
<b>Disposition</b>	Click here to enter text.

<b>Name</b>	Click here to enter text.
<b>Title</b>	Click here to enter text.
<b>Date</b>	Click here to enter a date.
<b>Disposition</b>	Click here to enter text.

Please list the names and titles of any individuals that have witnessed the incident(s).

Click here to enter text.
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**Nature of Charge:** Please describe the incident. Include dates and any witnesses. Insert additional pages if necessary.

[Click here to enter text.](#)

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*Discrimination/Harassment Complaint Form*

Have you ever filed a Discrimination/Harassment complaint in the past? If so, please provide the following information:

<b>Type of complaint</b>	Choose an item.
<b>Date Filed</b>	Click here to enter a date.

**Resolution:**

What corrective action are you seeking?

Click here to enter text.

Certification: I certify that the following information is correct to the best of my knowledge.

Complainant's Signature: \_\_\_\_\_

Date: Click here to enter a date.