

Colts Neck Board of Education  
70 Conover Road  
Colts Neck, New Jersey 07722

Equal Opportunity/Affirmative Action Office

### COMPLAINT FORM

The Colts Neck Board of Education is committed to prompt resolution of complaints in a manner consistent with our policies. This form is to be used so that we can be certain that all necessary steps for a resolution have been completed. Please feel free to attach additional sheets of information if you believe necessary. The EO/AA representative will assist you in completing this form if you wish.

#### Complainant

Name: \_\_\_\_\_

Student: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Principal \_\_\_\_\_

Employee: \_\_\_\_\_ Title: \_\_\_\_\_ School \_\_\_\_\_ Supervisor: \_\_\_\_\_

Where do you prefer to be contacted? Work \_\_\_\_\_ Work Number: \_\_\_\_\_

Home Number: \_\_\_\_\_ Address: \_\_\_\_\_

Were you discriminated against with regard to your rights in:

Employment: \_\_\_\_\_ Education: \_\_\_\_\_ Relation: \_\_\_\_\_

Were you discriminated against because of your:

Race: \_\_\_\_\_ Color: \_\_\_\_\_ National Origin: \_\_\_\_\_

Religion: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (Gender): \_\_\_\_\_

Disability: \_\_\_\_\_ Veterans Status: \_\_\_\_\_ Sex Orientation: \_\_\_\_\_

Sexual Harassment: \_\_\_\_\_

Who discriminated against you? (The individual(s) who the complaint is against)

Name: \_\_\_\_\_

Student: \_\_\_\_\_ Employee: \_\_\_\_\_ Both: \_\_\_\_\_ Department: \_\_\_\_\_

Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Address: \_\_\_\_\_

When?





I acknowledge that I have been provided a copy of the district's policy relating to this complaint.

I understand and acknowledge that a copy of this complaint, along with the attachments, will be furnished to the alleged offender.

I also understand and consent to the disclosure of information contained in this complaint to appropriate administrators and witnesses interviewed for the purpose of investigating this complaint.

I am willing to cooperate fully in the investigation and provide whatever evidence the district deems relevant.

I understand that the nature of this complaint, correspondence, and all discussions conducted in the course of investigation of the information contained in this complaint are confidential to the extent permitted by law and unauthorized disclosures of information concerning the investigation could result in disciplinary action.

I agree to abide by these guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If an advisor will assist you in the complaint process, indicate the individual's name, title, address and telephone number:

\_\_\_\_\_  
\_\_\_\_\_

Is the advisor a lawyer? \_\_\_ Yes \_\_\_ No

Please note: If you indicate you will be assisted by an advisor, your signature below authorizes the named individual to receive copies of relevant student records and correspondence regarding the complaint and to accompany you to any meetings.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_