

FAIRFIELD PUBLIC SCHOOLS
OFFICE OF AFFIRMATIVE ACTION
FAIRFIELD, NJ 07004
Meghan Cafone, AFFIRMATIVE ACTION OFFICER
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INSTRUCTIONS: All employees and applicants for employment have the right and are encouraged to immediately report suspected instances of harassment/discrimination. In order to facilitate a prompt, thorough and impartial investigation of alleged violation of rights, all complainants are strongly advised, but are not required, to file this form with the Affirmative Action Officer.

Name: _____ Job Title: _____

Employee ☐ Applicant ☐ Vendor/Contractor ☐ Other ☐ _____

Home Address: _____ Town _____ State: _____ Zip: _____

Contact phone number: Home _____ Cell _____ Work _____ Ext. _____

Email address: _____

Date(s) of incident: _____ Time(s) of incident: _____

Location(s) of incident: _____

Please list person(s) you believe discriminated against you, as well as their title/position: If you need more space, please add another sheet to this form.

Name	Title
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Name	Title
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Name	Title
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Alleged basis of the Discrimination (Check any that apply.)

<input type="checkbox"/> Age	<input type="checkbox"/> Familial Status
<input type="checkbox"/> Ancestry	<input type="checkbox"/> Gender Identify or Expression
<input type="checkbox"/> Color	<input type="checkbox"/> Genetic Information (including refusal to submit or provide results of a genetic test).
<input type="checkbox"/> Creed	<input type="checkbox"/> Liability for Military Service
<input type="checkbox"/> Disability	<input type="checkbox"/> Marital/Civil Union Status
<input type="checkbox"/> Race	<input type="checkbox"/> Sex/Gender (Including Pregnancy)
<input type="checkbox"/> Religion	<input type="checkbox"/> Affectional/Sexual Orientation
<input type="checkbox"/> National Origin	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Retaliation (for having filed a discrimination complaint, participating in a complaint investigation, or for opposing a discriminatory Practice.)	

Were there any witnesses: ☐ YES ☐ NO

If the answer is yes please list them and their title:

_____	_____
Name	Title

_____	_____
Name	Title

_____	_____
Name	Title

Please explain why you feel you have been discriminated against. ☐ Check here if you needed more sheets.

Were the actions or behavior you are concerned about directed at, or said to you and/or another party (third party harassment)? ☐ YES ☐ NO

Was the incident reported to anyone? ☐ YES ☐ NO

If yes, who and when? _____

What remedy or solution are you seeking: _____

Complainant's Signature: _____

Complaint Received: _____

Affirmative Action Officer's Signature: _____

Investigation completed: _____

Date

Sent to Superintendent: _____

Date

Complainant informed of results: ☐ Verbal ☐ written _____

Date