FAIRFIELD PUBLIC SCHOOLS
OFFICE OF AFFIRMATIVE ACTION
FAIRFIELD, NJ 07004
Thomas Majocha, 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

_____ _____
Name Title

_____ _____
Name Title

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

☐ Age	☐ Familial Status
☐ Ancestry	☐ Gender Identify or Expression
☐ Color	☐ Genetic Information (including refusal to submit or provide results of a genetic test)
☐ Creed	☐ Liability for Military Service
☐ Disability	☐ Marital/Civil Union Status
☐ Race	☐ Sex/Gender (Including Pregnancy)
☐ Religion	☐ Affectional/Sexual Orientation
☐ National Origin	☐ Sexual Harassment
☐ 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 need 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