



# Ocean County Vocational Technical School District

## Discrimination Processing Complaint Form

**INSTRUCTIONS:** All employees and applicants for employment have the right and are encouraged to immediately report suspected violations of the State Policy Prohibiting Discrimination in the Workplace, N.J.A.C. 4A:7-3.1. 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 Office of Affirmative Action. For detailed information on the complaint process, see the Procedures for Processing Internal Complaints Alleging Discrimination in the Workplace on the district’s Affirmative Action Website.

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Status:  Employee  Applicant  Vendor/Contractor  Other: \_\_\_\_\_ Department: \_\_\_\_\_

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

Home or Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of person(s) you believe discriminated against you: \_\_\_\_\_

Title/Position of person: \_\_\_\_\_ Date(s) of Discriminatory Action(s): \_\_\_\_\_

**Alleged Basis of Discrimination:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Age   | <input type="checkbox"/> Familial Status   | <input type="checkbox"/> National Origin  |
| <input type="checkbox"/> Affectional/Sexual Orientation              | <input type="checkbox"/> Gender Identity or Expression   | <input type="checkbox"/> Race   |
| <input type="checkbox"/> Ancestry                                    | <input type="checkbox"/> Genetic Information (including refusal to submit to or provide results of a genetic test) | <input type="checkbox"/> Religion   |
| <input type="checkbox"/> Atypical Hereditary Cellular or Blood Trait | <input type="checkbox"/> Liability for Military Service  | <input type="checkbox"/> Sex/Gender (including pregnancy)   |
| <input type="checkbox"/> Color                                       | <input type="checkbox"/> Marital /Civil Union Status   | <input type="checkbox"/> Sexual Harassment  |
| <input type="checkbox"/> Creed                                       | <input type="checkbox"/> Nationality   | <input type="checkbox"/> Retaliation (for having filed a discrimination complaint, participating in a complaint investigation, or for opposing a discriminatory practice) |
| <input type="checkbox"/> Disability                                  |  |   |
| <input type="checkbox"/> Domestic Partnership Status                 |  |   |
| <input type="checkbox"/> Violation of district policy _____          |  |   |

Please explain why you feel you have been discriminated against:  Check if additional sheets are attached

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

*Affirmative Action Officer:*

*Dr. Michael B. Maschi, Assistant Superintendent of Schools- [mmaschi@mail.ocvts.org](mailto:mmaschi@mail.ocvts.org) (732) 240-6414 ext. 3318*

Were the actions or behavior you are complaining 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 resolution are you seeking? \_\_\_\_\_

\_\_\_\_\_

If appropriate, as determined by the AA Officer, are you willing to attempt to resolve your complaint through mediation or another alternative dispute resolution (ADR) process?  YES  NO

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

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