

**SCOTCH PLAINS-FANWOOD SCHOOL DISTRICT**  
**Affirmative Action for Employment Practices**  
**Office of Human Resources**  
**512 Cedar Street**  
**Scotch Plains, NJ 07076**  
**(908) 232-6161 x41402**  
**\*CONFIDENTIAL INFORMATION\***

Dr. Joan V. Mast  
Superintendent

Dr. Robert McGarry  
AAO for Employment Practices

<b>AFFIRMATIVE ACTION/HARASSMENT COMPLAINT FORM</b>
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**1. Complainant Information**

*(Please Print and Please Provide Complete Names of Complainant, Accused, and Witnesses)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (M.I.) (Last)

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Location: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Your E-mail Address: \_\_\_\_\_@\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

I would prefer to be contacted at the following: E-Mail ☐ Work Address ☐ Home Address ☐

Supervisor's Work Location: \_\_\_\_\_ Supervisor's Work Phone: \_\_\_\_\_

**2. Discrimination or Harassment Based on:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Race                           | <input type="checkbox"/> Color                 | <input type="checkbox"/> Age   |
| <input type="checkbox"/> Creed                          | <input type="checkbox"/> Religion              | <input type="checkbox"/> National Origin   |
| <input type="checkbox"/> Affectional/Sexual Orientation | <input type="checkbox"/> Ancestry              | <input type="checkbox"/> Sexual Harassment   |
| <input type="checkbox"/> Marital Status                 | <input type="checkbox"/> Disability            | <input type="checkbox"/> Retaliation for Having Previously Filed an Affirmative Action Complaint |
| <input type="checkbox"/> Hostile Workplace              | <input type="checkbox"/> Other (Specify) _____ |  |

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**3. Accused Information**

Name (First, M.I., Last)	Title	Location
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____

**4. Discrimination History**

First date of this particular act of discrimination: \_\_\_\_\_

Most recent date this act of discrimination occurred: \_\_\_\_\_

**5. Witness Information (for the present alleged incident):**

Name (First, M.I., Last)	Title	Location
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____

**6. Procedural History:**

Has the Complaint been reported to any Supervisor and/or Administrator? Yes ☐ No ☐  
If "Yes," please provide Name, Title and date(s).

Name (First, M.I., Last)	Title	Date
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____

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**7. Nature of Charge:**

**In detail, explain the nature of charge including name(s) of person(s) involved  
(Attachments and/or the back of this form may be used):**

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**8. Resolution:**

**What corrective action are you seeking?**

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**Complaint**

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

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*Official Use Only:*

**Investigated By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administrator**

**C: AAO and Dr. Joan V. Mast, Superintendent**

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