

**Affirmative Action
Discrimination/Harassment Complaint Form**
Delsea Regional High School District**

The Delsea High School District does not discriminate in its employment practices, business action, and/or educational opportunities because of race, creed, color, national origin, ancestry, marital status, sex, or handicap.

Office of Affirmative Action
Affirmative Action Officer: Dr. Lisa Niemi, Vice Principal
P.O. Box 405, 242 Fries Mill Road, Franklinville, NJ 08322
(856) 694-0100, Extension 241 (phone) * (856)694-4417 (fax)

**Please be advised that all information disclosed is confidential and can be discussed in person.

Complaint Information:

Name: _____ Date: _____
(First) (MI) (Last)

Address: _____ Phone: _____

City: _____ Zip Code: _____

Department: _____ Title: _____

Location: _____ Work Phone: _____

E-Mail: _____

Supervisor's Name: _____

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

Delsea Regional High School District

Office of Affirmative Action

Discrimination or Harassment Based on:

Check Box	Category		Check Box	Category
<input type="checkbox"/>	Race	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy
<input type="checkbox"/>	Creed	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Harassment
<input type="checkbox"/>	Gender	<input type="checkbox"/>	<input type="checkbox"/>	Military Service
<input type="checkbox"/>	Religion	<input type="checkbox"/>	<input type="checkbox"/>	Marital/domestic partnership/civil union status
<input type="checkbox"/>	Age	<input type="checkbox"/>	<input type="checkbox"/>	Disability
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	<input type="checkbox"/>	Retaliation for Having Previously filed an Affirmative Action Complaint
<input type="checkbox"/>	Color	<input type="checkbox"/>	<input type="checkbox"/>	Gender Identification or expression
<input type="checkbox"/>	Affectional or Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	Genetic Information
<input type="checkbox"/>	Ancestry	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify):

Accused Information:

Name (First, Middle, Last)

Title

Location

Delsea Regional High School District

Office of Affirmative Action

Discrimination History:

First date of this particular act of discrimination: _____

Witness Information (for the present alleged incident):

Name (First, Middle, Last)	Title	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you reported this allegation of harassment or discrimination to any supervisor or administrator? If so, please indicate to whom, when, and what was the result:

Name	Title	Date	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Delsea Regional High School District

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Resolution:

What corrective action are you seeking?

Have you ever filed a Discrimination/Harassment Complaint in the past? If so, please provide the following information:

Type of Complaint	Date Filed	Substantiated or Unsubstantiated
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Delsea Regional High School District

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Certification: I certify that the foregoing information is correct to the best of my knowledge.

Complainant's Signature: _____ Date: _____

To be completed by the building Affirmative Action Officer

Findings:

_____ ALLEGATION(S) HAS/HAVE BEEN FOUND TO BE SUPPORTED BY AFFIRMATIVE ACTION HARASSMENT GUIDELINES

_____ ALLEGATION(S) HAS/HAVE NOT BEEN FOUND TO BE SUPPORTED BY AFFIRMATIVE ACTION HARASSMENT GUIDELINES

Date: _____
_____ Affirmative Action Building Representative

Attach to the form a written summary of your investigation including date of interviews. Please also be sure that you have responded to both parties within ten (10) days in writing with the results of your investigation.