

Plainfield Public Schools
 Office of Administrative Services
 1200 Myrtle Avenue
 Plainfield, New Jersey 07063

Phone # (908) 731-4331

Fax # (908) 791-3164

Discrimination/Harassment Complaint Form

1. Complainant Information:
 (Please Print)

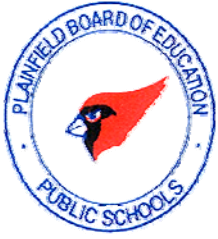
Name:	Date:
Address:	Phone:
City:	Zip Code:
Department:	Title:
Location:	Phone:
Supervisor's Name	Title:

2. Discrimination Allegation Based On:

Race _____ Gender _____ Religion _____ Age _____
 National Origin _____ Color _____ Affection/Sexual Orientation _____
 Ancestry _____ Disability _____ Martial Status _____ Harassment _____
 Sexual Harassment _____ Other (Specify) _____

3. Accused Information

Name	Title	Location



Plainfield Public Schools
Office of Administrative Services
Affirmative Action/504

4. Discrimination History:

First Date
Discrimination Occurred: _____

Last Date
Discrimination Occurred: _____

5. Witness Information:

Name	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	Title	Date

