



Audubon School District

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Robert Goldschmidt
Interim Superintendent

Bonnie J. Smeltzer
Affirmative Action Officer

It is the mission of the Affirmative Action Office to ensure that the Audubon Board of Education maintains compliance with federal, state and local laws and regulations pertaining to nondiscrimination and affirmative action for staff and students.

AFFIRMATIVE ACTION COMPLAINT FORM

Date: _____

Your name and address (complainant): _____

If you are school or district faculty/staff, please provide your Job Title, School, and Department/Grade:

If you are other than faculty/staff, please specify: _____

Please indicate the nature of your complaint/grievance. Check all those that apply:

- | | |
|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Marital/Domestic partnership/civil union status |
| <input type="checkbox"/> Color | <input type="checkbox"/> Affectional or Sexual Orientation |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Socioeconomic Status |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Gender Identification or expression |
| <input type="checkbox"/> Retaliation for having previously filed an Affirmative Action Complaint | |
| <input type="checkbox"/> Other | |

Please use additional sheets if necessary or submit a typewritten summary and attach

List any possible witnesses:

_____	_____
_____	_____
_____	_____
_____	_____

Informal Investigation Authorized

Signature of Complainant: _____

Signed/Received by Affirmative Action Office

Name: _____

Signature: _____

Date: _____

Summary of Results:

Signature of Affirmative Action Officer:

Date: _____

Receipt of Summary by Complainant:

Date: _____

Formal Hearing Authorized

Signature of Complainant: _____

Summary of Results:

Signature of Affirmative Action Officer:

Date: _____