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:

- [ ] Race
- [ ] Creed
- [ ] Color
- [ ] National Origin
- [ ] Ancestry
- [ ] Disability
- [ ] Sexual Harassment
- [ ] Pregnancy
- [ ] Retaliation for having previously filed an
- [ ] Other
- [ ] Age
- [ ] Marital/Domestic partnership/civil union status
- [ ] Affectional or Sexual Orientation
- [ ] Gender
- [ ] Religion
- [ ] Socioeconomic Status
- [ ] Genetic Information
- [ ] Gender Identification or expression

In partnership with our students, families, and communities, the Audubon Public Schools will educate all students by providing motivating and challenging learning experiences embedded in technology that prepare them to achieve the New Jersey Student Learning Standards at all grade levels, in a safe setting of mutual respect, in order to develop ethical, productive citizens who will contribute to the local and global community.
Date(s) on which alleged incident occurred: ________________________________

Accused Information: ___________________________________________________

Title: __________________________________________________________________

Description of Incident:
________________________________________________________________________
________________________________________________________________________
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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: ________________________________