



Oradell Public School District

Our children, our hope, our future

Discrimination Complaint Form

First Name: _____ Last Name: _____

Position/Title: _____ Office/Room #: _____

Do you have a representative (lawyer or other advocate) for this complaint?

Yes _____ No _____

If yes, please provide the following information about your representative:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Telephone: _____ E-Mail: _____

1. Who do you believe discriminated against you? Use additional pages, if necessary.
Name(s) of person(s) involved in the alleged discrimination (if known):

2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

3. When did the discrimination occur?

Date: _____
 Month Day Year

If the discrimination occurred more than once, please provide other dates:

4. Where did the discrimination occur?

5. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. Reprisal is prohibited on prior civil rights activity.

I believe I was discriminated against based on my

6. Remedies: How would you like to see this complaint resolved?

7. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

Yes _____

No _____

If yes, with what agency or court did you file? _____

When did you file?

Month

Day

Year

Signature: _____

Date: _____