Colts Neck Board of Education 70 Conover Road Colts Neck, New Jersey 07722

Equal Opportunity/Affirmative Action Office

COMPLAINT FORM

The Colts Neck Board of Education is committed to prompt resolution of complaints in a manner consistent with our policies. This form is to be used so that we can be certain that all necessary steps for a resolution have been completed. Please feel free to attach additional sheets of information if you believe necessary. The EO/AA representative will assist you in completing this form if you wish.

Complainant Name: _____

Student:	Grade	School		Principal
Employee:	Title: _	So	chool	Supervisor:
Where do you	ı prefer to be cont	acted? Work _	Work	Number:
Home Numb	er:	_Address:		
Were you dis	criminated again	st with regard t	o your righ	nts in:
Employment:		Education:		Relation:
Were you dis	criminated again	st because of yo	our:	
Race:	Color: I	National Origin	:	
Religion:	Age:	Sex (G	iender):	
Disability:	Veterar	ns Status:	Sex C	Prientation:
Sexual Harass	sment:			
Who discrim	inated against yo	u? (The individ	ual(s) who	the complaint is against)
Name:				
Student:	Employee:	Both:	De _l	oartment:
Work Number	er:		Home I	Number:
Address:				
When?				

Date first incident took place: Date of most recent incident:					
Who have you conta	cted for help rega	rding this comp	olaint?		
Name:	Title:		Date:		
Who else have you to	old about your co	mplaint?			
Name:		Title:		Date:	
Statement of events	provided by Con	nplainant:			
Please provide a deta	iled statement of	the events, incl	uding dates, plac	ces, names and	
phone numbers, of w	vitnesses. Please a	ttach additional	sheets if you ne	eed more space.	
					
					
Describe the injury	or harm you suffe	ered because of	the alleged disc	rimination:	
					

Remedies Sought By Complainant:				
What would you like the Superintendent to do as a result of your complaint - what				
remedy are you seeking?				

Complaint Acknowledgement:

I certify that to the best of my knowledge the information that I have provided is accurate and the events and circumstances are as I have described them.

I acknowledge that I have been provided a copy of the district's policy relating to this complaint.

I understand and acknowledge that a copy of this complaint, along with the attachments, will be furnished to the alleged offender.

I also understand and consent to the disclosure

of information contained in this complaint to appropriate administrators and witnesses interviewed for the purpose of investigating this complaint.

I am willing to cooperate fully in the investigation and provide whatever evidence the district deems

relevant.

I understand that the nature of this complaint, correspondence, and all discussions conducted in the course of investigation of the information contained in this complaint are confidential to the extent permitted by law and unauthorized disclosures of information concerning the investigation could result in disciplinary action.

I agree to abide by these guidelines.

Signature:	Date:			
If an advisor will assist you in the complaint process, indicate the individual's name,				
title, address and telephone number:				
Is the advisor a lawyer? Yes No				
Please note: If you indicate you will be assist	ted by an advisor, your signature below			
authorizes the named individual to receive c	opies of relevant student records and			
correspondence regarding the complaint and	d to accompany you to any meetings.			
Signature:	Date:			
Signature of Complainant:	Date:			