

# ***MONTVILLE TOWNSHIP PUBLIC SCHOOLS***

## ***AFFIRMATIVE ACTION***

*It is the mission of the Affirmative Action Office to ensure that the Montville Township Board of Education maintains compliance with federal, state and local laws and regulations pertaining to non-discrimination and affirmative action for staff and students.*

### **EMPLOYEE INFORMAL COMPLAINT/GRIEVANCE FORM**

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Place where you can be reached: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please mark appropriate response and complete the information requested:**

Faculty/Staff                      Position/Department: \_\_\_\_\_

Other                                      Specify: \_\_\_\_\_

**Please indicate the nature of your complaint/grievance (Check all those that apply):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Race or Color   | <input type="checkbox"/> Creed or Religion    | <input type="checkbox"/> Retaliation for Having<br>Previously Filed an<br>Affirmative Action<br>Complaint |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability           | <input type="checkbox"/> Ancestry   |
| <input type="checkbox"/> Age             | <input type="checkbox"/> Sexual Orientation   | <input type="checkbox"/> Other (Specify)  |
| <input type="checkbox"/> Marital Status  | <input type="checkbox"/> Sexual<br>Harassment |   |

**Accused Information:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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**Summary of alleged complaint:**

1. Dates on which alleged complaint(s) occurred: \_\_\_\_\_

2. List any possible witnesses: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Action:**

What action, if any has been taken so far?

What corrective action do you suggest we take at this time?

Have you filed a complaint/grievance in the past? If yes, please provide the following information below:

Type of complaint: \_\_\_\_\_

Date: \_\_\_\_\_

Substantiated or unsubstantiated: \_\_\_\_\_

**Your Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

(If additional writing space is needed, you may attach additional sheets to this form.)

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\_\_\_\_\_  
Signed/Received By AA Office

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

€ Informal Investigation Authorized

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Summary of Results:

€ Formal Hearing Authorized

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Summary of Results: