

MANVILLE PUBLIC SCHOOLS

**Curriculum Office
100 North 13th Avenue
Manville, New Jersey 08835
Phone: (908) 231-8542
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Discrimination Complaint Form

Name _____ Home Phone _____

Address _____ Work Phone _____

Cell Phone _____

Check the type of discrimination you experienced:

- | | | |
|--|--|---|
| <input type="checkbox"/> sex (gender) | <input type="checkbox"/> marital status | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> mental disability | <input type="checkbox"/> physical disability | <input type="checkbox"/> learning disability |
| <input type="checkbox"/> emotional disability | <input type="checkbox"/> learning disability | <input type="checkbox"/> handicap |
| <input type="checkbox"/> race, national origin | <input type="checkbox"/> sexual orientation | <input type="checkbox"/> creed, religion, ancestry, |
| <input type="checkbox"/> homosexual, bisexual | | |

(explain) _____

Where specifically did the incident(s) occur? _____

Describe the incident: (include names, dates, places and other specific actions or words)

What action if any have you taken so far? _____

Discrimination Complaint Form (continued)

What would you like to happen as a result of this complaint?

As you are aware, the Manville Board of Education is committed to the prevention of discrimination on any basis enumerated above. The signature below acknowledges that you are aware that the Manville Board of Education may be required by law and/or its own discretion to investigate the Complaint(s) set forth in this discrimination complaint form. Such an investigation and the manner the investigation is conducted is at the sole discretion of the Manville Board of Education. While the Manville Board of Education will attempt to maintain the investigation in a confidential manner, confidentiality cannot be guaranteed and it is almost inevitable that there will be some disclosure of facts and identities of individuals participating in the investigation.

Signature of person making complaint

Date

Signature of person investigating complaint

Date

Action taken:
