

FAIRFIELD PUBLIC SCHOOLS  
OFFICE OF AFFIRMATIVE ACTION  
WINSTON S. CHURCHILL SCHOOL  
FAIRFIELD ROAD, FAIRFIELD, NJ 07004  
MR. RAY SANTANA, AFFIRMATIVE ACTION OFFICER  
[santanar@fpsk6.org](mailto:santanar@fpsk6.org)/ 973-227-2638 X3111

**INSTRUCTIONS:** All employees and applicants for employment have the right and are encouraged to immediately report suspected instances of harassment/discrimination. In order to facilitate a prompt, thorough and impartial investigation of alleged violation of rights, all complainants are strongly advised, but are not required, to file this form with the Affirmative Action Officer.

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

Employee  Applicant  Vendor/Contractor  Other  \_\_\_\_\_

Home Address: \_\_\_\_\_ Town \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Contact phone number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Ext. \_\_\_\_\_

Email address: \_\_\_\_\_

Date(s) of incident: \_\_\_\_\_ Time(s) of incident: \_\_\_\_\_

Location(s) of incident: \_\_\_\_\_

Please list person(s) you believe discriminated against you, as well as their title/position: If you need more space, please add another sheet to this form.

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

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

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

Alleged basis of the Discrimination (Check any that apply.)

<input type="checkbox"/> Age	<input type="checkbox"/> Familial Status
<input type="checkbox"/> Ancestry	<input type="checkbox"/> Gender Identify or Expression
<input type="checkbox"/> Color	<input type="checkbox"/> Genetic Information (including refusal to submit or provide results of a genetic test).
<input type="checkbox"/> Creed	<input type="checkbox"/> Liability for Military Service
<input type="checkbox"/> Disability	<input type="checkbox"/> Marital/Civil Union Status
<input type="checkbox"/> Race	<input type="checkbox"/> Sex/Gender (Including Pregnancy)
<input type="checkbox"/> Religion	<input type="checkbox"/> Affectional/Sexual Orientation
<input type="checkbox"/> National Origin	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Retaliation (for having filed a discrimination complaint, participating in a complaint investigation, or for opposing a discriminatory Practice.)	

Were there any witnesses:  YES  NO

If the answer is yes please list them and their title:

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

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

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

Please explain why you feel you have been discriminated against.  Check here if you needed more sheets.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were the actions or behavior you are concerned about directed at, or said to you and/or another party (third party harassment)?  YES  NO

Was the incident reported to anyone?  YES  NO

If yes, who and when? \_\_\_\_\_

\_\_\_\_\_

What remedy or solution are you seeking: \_\_\_\_\_

\_\_\_\_\_

Complainant's Signature: \_\_\_\_\_

Complaint Received: \_\_\_\_\_

Affirmative Action Officer's Signature: \_\_\_\_\_

Investigation completed: \_\_\_\_\_  
Date

Sent to Superintendent: \_\_\_\_\_  
Date

Complainant informed of results:  Verbal  written \_\_\_\_\_  
Date