

NEW JERSEY DEPARTMENT OF CORRECTIONS

**EQUAL EMPLOYMENT DIVISION (EED) COMPLAINT
OF DISCRIMINATION, HARASSMENT AND/OR RETALIATION**

To file an internal complaint of employment discrimination with the New Jersey Department of Corrections, you must complete this form and return it to the EED office or to the Associate/ Assistant Superintendent Liaison (ASL) at your facility within thirty (30) days of the last act of alleged discrimination, harassment or retaliation.

****ALL SECTIONS OF THE COMPLAINT FORM MUST BE COMPLETED.****

First Name

Last Name

Middle Initial

Other Names Used:

Date of Complaint

Job Title

Facility or Operational Unit where Employed:

Home Address:

Address

City

State Zip Code

Race

Sex Male Female

Age

Home Number

Work number

Other Number(s) Where You Can Be Reached:

Alternate Number

Date of Incident(s)

Accused's Information

First Name

Last Name

Middle Initial

Job Title

Location:

Basis of Discrimination/Harassment/Retaliation (check as many as are applicable):

- Affectional/Sexual Orientation
- Age
- Ancestry
- Atypical Hereditary Cellular or Blood Trait
- Color
- Creed
- Disability
- Domestic Partnership Status
- Familial Status
- Gender Identity or Expression
- Genetic Information (including refusal to submit to or provide results of a genetic test)
- Liability for Military Service
- Marital/Civil Union Status
- National Origin/Nationality
- Pregnancy
- Race
- Religion
- Retaliation (for having filed or participated in a previous discrimination complaint)
- Sex/Gender (including pregnancy)
- Sexual Harassment

Have you filed a complaint with any of the following agencies? (Check as many as are applicable)

- Division on Civil Rights (NJDCR), New Jersey Department of Law and Public Safety
- United States Equal Employment Opportunity Commission (EEOC)

If you checked any of the above agencies, please indicate when you filed the complaint and describe the status of the complaint:

Date/Time Field

Have you filed a union grievance related to the facts stated in this complaint? Yes No

If you answered yes, please indicate when you filed the grievance and describe the status of the grievance. Please attach a copy of the grievance form:

Upon receipt of your complaint, the supervisor of the EED Office will determine whether your complaint will be investigated by an EED investigator or by the Associate/Assistant Superintendent Liaison (ASL) at your facility. If you have a reason(s) for not wanting the ASL at your facility to investigate your complaint, please explain the reason(s):

Please describe the nature of your complaint:

****You are required to provide a narrative. In addition to the narrative, you may attach other documents relevant to the facts stated in this narrative.****

Please provide the names of individuals who may be witnesses to the alleged discrimination, harassment or retaliation, or who may have relevant information about your complaint:

BE SURE TO KEEP A COPY OF THIS FORM FOR YOUR RECORDS

Signature

Date

Signature of Person Receiving Complaint:

Name and Title of Person Receiving Complaint:

Date Received