

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 EED Liaison 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****

1. Name: _____

Please print

Other Names Used: _____

2. Date of Complaint: _____

3. Job Title: _____

4. Facility or Operational Unit where Employed:

5. Home Address: _____

6. Race _____

7. Sex _____

8. Age _____

9. Telephone Numbers:

Work: _____

Home: _____

Other Number(s) Where You Can Be Reached:

10. Date of Incident(s): _____

11. Accused's first and last name, title and location:

12. 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
- Sexual Harassment

13. 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:

14. 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:

15. 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):
