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.****

1. Name: _____
Please print

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 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
- ___ Familial Status
- ___ Liability for Military Service
- ___ Marital/Civil Union Status
- ___ National Origin/Nationality
- ___ Race
- ___ Religion
- ___ Retaliation (for having filed or participated in a previous discrimination complaint)
- ___ Sex/Gender (including pregnancy)
- ___ Sexual Harassment
- ___ Domestic Partnership Status
- ___ Gender Identity or Expression
- ___ Genetic Information (including refusal to submit to or provide results of a genetic test)

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):

_____

_____

_____

16. 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.****

(continue on additional pages if needed)

17. 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: _____
Please Print

Date Received: _____