



Pleasantville Public Schools

Affirmative Action

Discrimination/Harassment Complaint Procedures



801 Mill Road, 3rd Floor • Pleasantville, NJ 08232-0960

District Website: www.pps-nj.us

Telephone: (609) 383-6800 Fax: (609) 677-8121

PLEASANTVILLE PUBLIC SCHOOLS AFFIRMATIVE ACTION OFFICER

Discrimination/Harassment Complaint Procedures

"The Board of Education guarantees to all persons equal access to all categories of employment, retention and advancement in this district, regardless of race, creed, color, national origin, ancestry, age, sex, affectional or sexual orientation, marital status, domestic partnership status, familial status, liability for service in the Armed Forces of the United States, a typical hereditary cellular or blood train of any individual, make available the results of a genetic test".

The following procedures are to be adhered to in filing a Discrimination/Harassment Complaint:

- Step 1:** Employee notifies immediate Supervisor of allegation. If employee is not Satisfied with the resolution or handling of the complaint, he/she should proceed to Step 2.
- Step 2:** Employee requests meeting with the Office of Administrative Services. If employee is not satisfied with the resolution of handling of the complaint, he/she should proceed to Step 3.
- Step 3:** Employee completes and submits written statement by completing Discrimination/Harassment Complaint Form.
- Step 4:** Administrative Services conducts and completes investigation.
- Step 5:** After investigation, Administrative Services conducts meeting with Complainant and/or union representative to discuss and review findings.

Definition of Findings

Unfounded	- Evidence revealed no discriminatory cause for filing
Unsubstantiated	- Evidence did not support allegation.
Substantiated	-Evidence indicates allegation occurred.

- Step 6.** Employee may request said findings in writing.

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Phone # _____

Fax # _____

Discrimination/Harassment Complaint Form

1. Complainant Information:

(Please Print)

Name: _____

Date _____

Address: _____

Phone: _____

City: _____

Zip Code: _____

Department: _____

Title: _____

Location: _____

Phone: _____

Supervisor's Name: _____

Title : _____

2. Discrimination Based On:

Race _____ Gender _____ Religion _____ Age _____

National Origin _____ Color _____ Affection/Sexual _____
Orientation

Ancestry _____ Disability _____ Marital Status _____ Harassment _____

Other (Specify) _____ Sexual Harassment _____

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3. Accused Information:

	Name	Title	Location
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____
g.	_____	_____	_____
h.	_____	_____	_____

4. Discrimination History:

First Date: _____ Last Date: _____
Discrimination Occurred: _____ Discrimination Occurred: _____

5. Witness Information:

	Name	Title	Location
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____
g.	_____	_____	_____
h.	_____	_____	_____

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6. Procedural History:

Has the Complaint been reported to any Supervisor and/or administrator? Yes
/NO If " Yes", please provide Name, Title and date (s)

	NAME	TITLE	DATE
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____
g.	_____	_____	_____
h.	_____	_____	_____

7. Nature of Charge:

In detail, explain Nature of charge including name(s) of person(s) involved
(attachments may be used):

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8. Resolution:

What corrective action is Complainant seeking?

Complainant
Signature: _____ Date: _____

**FOR OFFICIAL
USE ONLY**

Received By: _____ Date _____
Karyn White, Affirmative Action Officer

