

## **Affirmative Action Complaint Procedures**

**PURPOSE:** To provide employees of the Pemberton Township Schools a procedure by which they can seek a remedy for alleged violations related to discrimination on the basis of race, color, creed, religion, national origin, ancestry, age, gender identity, marital status, affectional or sexual orientation or sex, social or economic status, or disability.

1. In keeping with federal/state anti-discrimination legislation, Pemberton Township Schools has adopted and hereby publishes the Grievance Procedure provided for the resolution of student, employee, and parent complaints.
2. This procedure is intended to facilitate an equitable and just resolution of a dispute at the most immediate level and should be implemented in an informal manner.
3. Every reasonable effort will be made to expedite the process in the interest of a prompt resolution.
4. All participants in the procedure will respect the confidentiality that this District accords to information about individual employees.

<b>DEFINITION:</b>	Complaint	An alleged discriminatory act or practice.
	Complainant	Any employee aggrieved by a decision or condition falling under the guidelines of federal and/or state anti-discrimination laws.
	Affirmative Action Officer	The district employee designated to coordinate efforts with anti-discrimination legislation and charged with the responsibility of investigating complaints.

### **PROCEDURE:**

- Step 1. A complainant who believes that he/she has been harmed or adversely affected by a discriminatory practice or act prohibited by law and/or policy shall discuss the matter with his/her immediate supervisor in an attempt to resolve the matter informally. If the matter is not an affirmative action violation, then no formal written complaint is to be filed with the Affirmative Action Officer.
- Step 2. If the matter is not resolved to the satisfaction of the complainant, the complainant may submit a written complaint within 30 days to the Affirmative Action Officer. The complaint will include:
  - a. The complainant's name and address,
  - b. The specific act or practice that the complainant complains of,
  - c. The school employee, if any, responsible for the allegedly discriminatory act,
  - d. The results of discussions conducted in accordance with Step 1, and
  - e. The reasons why those results are not satisfactory.

- Step 3. The Affirmative Action Officer will review and make a determination to conduct an investigation after receipt of the written complaint. A copy of the complaint and the determination will be forwarded to the Superintendent.
- Step 4. The response of the Affirmative Action Officer may be appealed to the Superintendent by the complainant in writing within **3** working days after it has been received by the complainant. The appeal will include the original complaint, the action taken to resolve the complaint, and the complainant's reason for rejecting the response. A copy of the appeal must be given to the staff member alleged to have acted discriminatorily.
- Step 5. Upon the complainant's request, the complainant will be given an informal hearing before the Superintendent at a time and place convenient to the parties. The Superintendent may also require the presence at the hearing of the staff member charged with a discriminatory act and any other person with knowledge of the act that is being reviewed.
- Step 6. The Superintendent will render a written decision on the matter. Copies of the decision will be given to all parties.
- Step 7. The complainant may appeal the Superintendent's decision to the Board by filing a written appeal with the Board Secretary no later than **3** working days after receipt of the Superintendent's decision. The appeal shall include:
- a. The original complaint,
  - b. The response to the complaint, or a summary of actions taken
  - c. The Superintendent's decision,
  - d. A transcript of the hearing, if one has been made, or a summary of the hearing to which all parties have consented, and
  - e. The complainant's reason for believing the Superintendent's decision should be changed.
- Step 8. A copy of the appeal to the Board must be given to the staff member.
- Step 9. The Board will review all papers submitted and may render a decision on the basis of the proceedings below. If the complainant so requests, the Board may convene a hearing, at which all parties may be represented by counsel and may present and examine witnesses, who will testify under oath.
- Step 10. The Board will render a written decision no later than 45 calendar days after the appeal was filed or the hearing held, which ever occurred later. Copies of the decision will be given to all parties.

Step 11. The complainant will be informed of his/her right to appeal the Board's decision to the:

a. Commissioner of Education

- Division of Controversies and Disputes New Jersey State Department of Education 225 West State Street  
Trenton, New Jersey 08625  
Telephone: (609) 292-5705

or the

b. New Jersey Division on Civil Rights

- 1100 Raymond Boulevard Newark, New Jersey 07102  
Telephone: (973) 648-2700

Step 12. Records

a. The records of any complaint processed in accordance with this procedure shall be maintained in a file kept by the Affirmative Action Officer.

**b. A copy of a reprimand letter issued as a result of the investigation will be kept in the employee's personnel file.**

## Written Statement Instructions

### Please be aware of the following information:

- The district will make every effort to limit who knows about the complaint and the investigation.
- You have the right to have a support person present during this interview.
- The purpose of this investigation is to "fact find".
- The law requires the district to take all charges seriously and to take actions to remediate when appropriate.
- The end goal of the district is to stop unacceptable behavior.
- It is necessary to identify the name of the alleged perpetrator.
- The complainants name must be given to the alleged perpetrator.
- The alleged perpetrator has the right to respond to any allegation(s).

Interview(s):	The alleged perpetrator and any witnesses will be interviewed.
Written Report:	A written report will be prepared and submitted to the Superintendent.
Conclusion:	After the investigation, any recommendations for corrective action will be communicated to the complainant.
Confidentiality:	Every effort will be made to ensure that the complaint process will be kept as private as possible. However, it is impossible to guarantee complete confidentiality. Information about this complaint will be restricted to a "need to know" basis.
Non-retaliation:	Any acts of retaliation that might arise are to be reported to the district Affirmative Action Officer immediately. Acts of retaliation will not be tolerated and are subject to severe disciplinary actions.

## Discrimination Complaint Form

### Complainant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School/Department: \_\_\_\_\_ Title: \_\_\_\_\_

### Discrimination Based on:

This Complaint is Filed by : Please Check	The Complaint refers to : Please Check	
<input type="checkbox"/> An Employee	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Race
<input type="checkbox"/> A Student	<input type="checkbox"/> Age	<input type="checkbox"/> Religion
<input type="checkbox"/> An Applicant	<input type="checkbox"/> Color	<input type="checkbox"/> Gender
<input type="checkbox"/> A Parent	<input type="checkbox"/> Creed	<input type="checkbox"/> Affectional/ Sexual Orientation
<input type="checkbox"/> Other	<input type="checkbox"/> National Origin	<input type="checkbox"/> Social or Economic Status
	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Gender Identity or Expression
	<input type="checkbox"/> Disability	<input type="checkbox"/> Other

### Accused Information

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

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

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

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

### Discrimination History

First Date of this particular act of discrimination:

\_\_\_\_\_

### Witness Information (for the present alleged incident):

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

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

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

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

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

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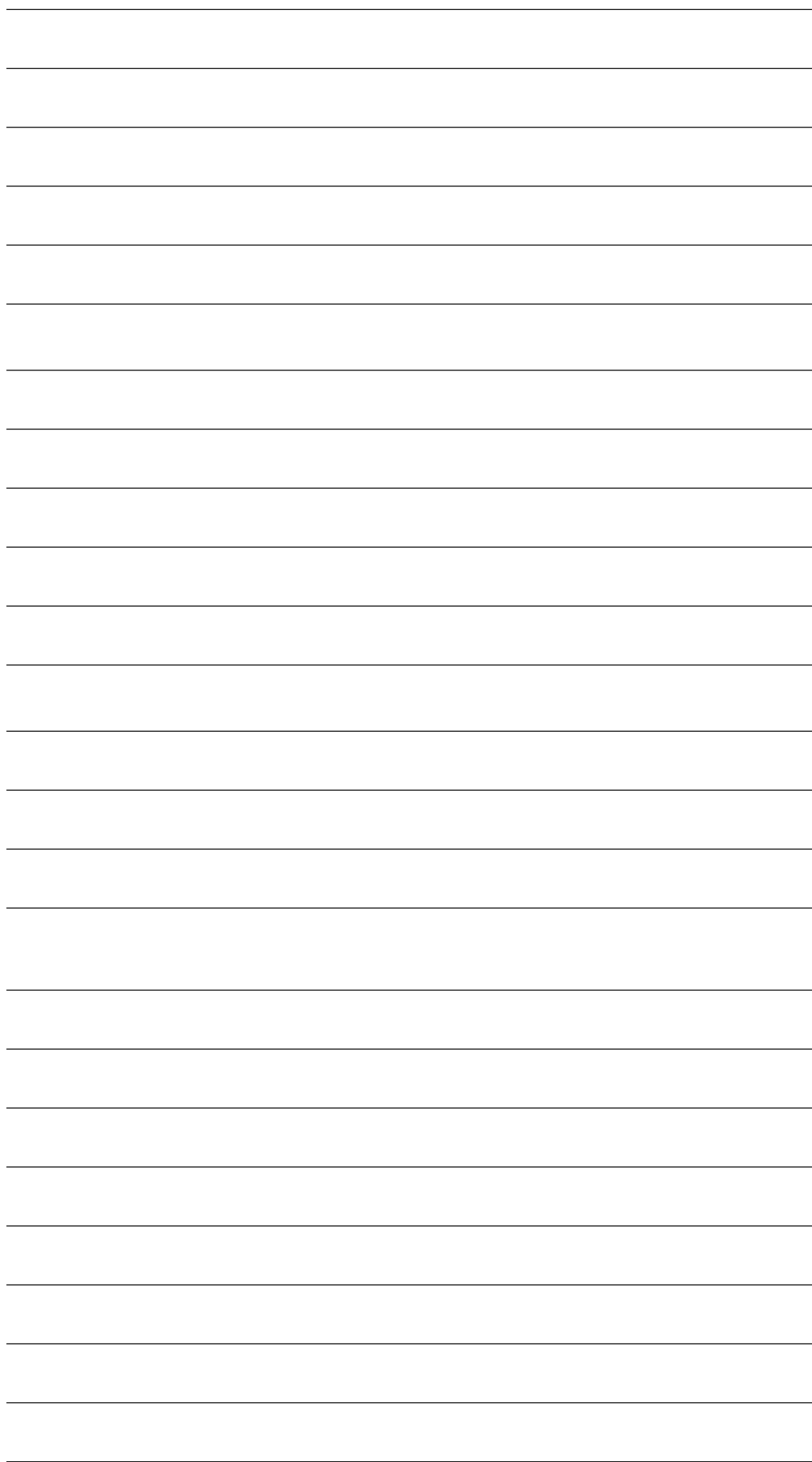
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Your written statement is a very important part of the investigation process. Use the following page(s) to describe what happened and how it made you feel. Be certain that this statement accurately reflects your position in this investigation. Provide specific details supporting the claim. Write names of witnesses who may have observed such conduct. Write the dates and times when such conduct occurred. Provide any other information that you believe will be informative and helpful to an investigation of the allegations.

[illegible]



\_\_\_\_ I certify that the foregoing information is correct to the best of my knowledge.



Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Resolution**

What corrective action are you seeking?

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Have you ever filed a Discrimination complaint in the past? If so, please provide the following information.

Type of complaint: \_\_\_\_\_

Date Filled: \_\_\_\_\_

Was it Substantiated or Unsubstantiated? \_\_\_\_\_

# AFFIRMATIVE ACTION COMPLAINT (FORM "A")

From: \_\_\_\_\_

To: (Supervisor) \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Person(s) Involved in Incident: \_\_\_\_\_

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Description of Incident (Provide detailed description of what occurred including any verbal comments and responses from both parties. Add more pages if necessary):

[illegible]



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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AFFIRMATIVE ACTION (FORM B)

Complainant's Name: \_\_\_\_\_

Alleged Perpetrator's Name: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Date of Conference: \_\_\_\_\_

### PLAN OF CORRECTIVE ACTION TAKEN BY IMMEDIATE SUPERVISOR TO RESOLVE COMPLAINT

[illegible]

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Status of Complaint:    ☐ Resolved                      ☐ Follow-Up Needed

☐ Formal Complaint will be Filed

Name of Supervisor: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## AFFIRMATIVE ACTION APPEAL (FORM C)

From: \_\_\_\_\_, Complainant

To: \_\_\_\_\_, Superintendent of Schools

Date: \_\_\_\_\_

State Reason for Appeal (include the original complaint, the action taken to resolve the complaint, and the complainant's reason for rejecting the response).

[illegible]



## AFFIRMATIVE ACTION APPEAL (FORM D)

From: \_\_\_\_\_, Complainant

To: \_\_\_\_\_, Board of Education President

Date: \_\_\_\_\_

State Reason for Appeal (include the original complaint, the response to the complaint, the Superintendent's decision, a summary of the hearing, and the complainant's reason for believing the Superintendent's decision should be changed).

[illegible]

Signature:

Date:

Signature:

Date: