



## New Jersey Judiciary Formal Discrimination / Sexual Harassment / Retaliation Complaint Form

Please type or clearly print all information. Date Filed: \_\_\_\_\_

### Complainant Information

Last Name (include: Sr. / Jr. / III, etc.)		First Name		Middle Name	
Home Address			City	State	Zip
Home Telephone		Work Telephone		Email	
Job Title			Vicinage / Division / AOC		

### Complainant Status (check applicable box)

- Judicial Employee
  Volunteer
 Other

If you check "other" specify whether:  Job Applicant  Probationer  Vendor  Other (Litigant, Witness, etc.) \_\_\_\_\_  
(specify)

### Name and Title of Person(s) You Believe Discriminated Against You

Name	Job Title	Vicinage / Division / AOC
Name	Job Title	Vicinage / Division / AOC
Name	Job Title	Vicinage / Division / AOC

### Basis of Complaint (check applicable box or boxes)

- Race
  Color
  National Origin / Nationality
  Ancestry
  Affectional or Sexual Orientation
- Sex / Gender
  Pregnancy or Breastfeeding
  Gender Identity or Expression
  Disability / Perceived Disability
  Atypical Heredity Cellular or Blood Trait
- Use of Genetic Information, Including Refusal to Submit to or Provide Results of Genetic Test
  Religion / Creed
  Veteran Status or Liability for Military Service
  Marital Status
- Civil Union Status
  Domestic Partnership Status
  Age
  Sexual Harassment
  Retaliation

**Description of Complaint:** List each incident separately and describe in detail the incident(s) and time and place of occurrence.

**NOTE:** A copy of this form will be provided to the person(s) against whom you are filing a complaint. Therefore you should not identify witnesses or background evidence on this form. You will be asked to submit that material separately to the investigator who will investigate your complaint.

Description of Incident	Date of Incident
	Was Incident Reported to Anyone? If Yes, Who?
	Date Reported

Description of Incident	Date of Incident		
	Was Incident Reported to Anyone? If Yes, Who?		
	Date Reported		
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Description of Incident	Date of Incident		
	Was Incident Reported to Anyone? If Yes, Who?		
	Date Reported		
Description of Incident	Date of Incident		
	Was Incident Reported to Anyone? If Yes, Who?		
	Date Reported		
Remedy Sought (Explanation)			
Additional pages may be attached			
<p><b>NOTE:</b> The Complainant has a right to use the external procedures available under state law (Division on Civil Rights) and federal law (Equal Employment Opportunity Commission). Information regarding external procedures is contained in the Policy Statement and on posters located in the Human Resources Office.</p>			
Local EEO/AA Officer / AOC Investigator Signature	Date	Complainant's Signature	Date
<p><b>Please submit form to the local EEO/AA Officer or to the Chief Judiciary EEO/AA Officer in the AOC.</b></p>			