



New Jersey Judiciary

EEO Complaint Form: Report of Discrimination, Sexual Harassment, Retaliation

Please type or clearly print all information.

Complainant Information

Prefix	Last Name (include: Sr. / Jr. / III, etc.)	First Name	Middle Name		
Home Address		City	State	Zip	
Telephone	Email				

Complainant Status (check applicable box)

<input type="checkbox"/> Judiciary Employee		
Name	Job Title	Vicinage / Division / AOC
<input type="checkbox"/> Volunteer		
Name	Vicinage / Division / AOC	
<input type="checkbox"/> Job Applicant		
Name	Vicinage / Division / AOC	
<input type="checkbox"/> Other (please specify) _____		
Name	Vicinage / Division / AOC	

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)

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin /Nationality
<input type="checkbox"/> Ancestry	<input type="checkbox"/> Religion/Creed	<input type="checkbox"/> Age
<input type="checkbox"/> Sex / Gender	<input type="checkbox"/> Gender Identity or Expression	<input type="checkbox"/> Affectional or Sexual Orientation
<input type="checkbox"/> Pregnancy or Breastfeeding	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Civil Union Status
<input type="checkbox"/> Domestic Partnership Status	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Veteran Status or Liability for Military Service
<input type="checkbox"/> Disability/Perceived Disability	<input type="checkbox"/> Atypical Hereditary Cellular or Blood Trait	<input type="checkbox"/> Genetic Information
<input type="checkbox"/> 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
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
Description of Incident	Date of Incident
	Was Incident Reported to Anyone? If Yes, Who?
	Date Reported

Remedy Sought (Explanation)

Additional pages may be attached

NOTE: The Complainant has a right to use the external procedures available under state law (NJ Division on Civil Rights) and federal law (Equal Employment Opportunity Commission).

Date

EEO/AA Officer or AOC Investigator's Name

Date

Complainant's Signature

**Please submit form to the local EEO/AA Officer or to the
Chief Judiciary EEO/AA Officer in the AOC.**