

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 EED Liaison 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

Other Names Used: _____

2. Date of Complaint: _____

3. Job Title: _____

4. Facility or Operational Unit where Employed:

5. Home Address: _____

(including zip code)

6. Email address: _____

7. Race _____

8. Sex _____

9. Age _____

10. Telephone Numbers:

Work: _____

Home: _____

Other Number(s) Where You Can Be Reached:

11. Date of Incident(s): _____

12. Accused's **first** and **last** name, title and location:

13. 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

Domestic Partnership Status

Familial Status

Gender Identity or Expression

Genetic Information (including refusal to submit to or provide results of a genetic test)

Liability for Military Service

Marital/Civil Union Status

National Origin/Nationality

Pregnancy

Race

Religion

Retaliation (for having filed or participated in a previous discrimination complaint)

Sex/Gender

Sexual Harassment

14. Have you filed a complaint with any of the following agencies? (Check as many as are applicable)

Division on Civil Rights (NJDCR), NJ 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:

15. 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 provide the status of the grievance. Please attach a copy of the grievance form:

16. 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 (EED Liaison) at your facility. If you have a reason(s) for not wanting the EED Liaison at your facility to investigate your complaint, please explain the reason(s):

17. 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)

18. 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: _____