



Department of New Jersey
 171 Jersey St., Bldg. 5, 2nd Floor
 Trenton, New Jersey 08611

EMPLOYEE DISCRIMINATION & HARRASSMENT COMPLAINT FORM

Instructions:

Please print using blue, or black ink pen. Fill out all of the information requested below as completely as possible. Return completed, and signed form to the Human Resources Department.

COMPLAINT INFORMATION

Name	Date
Address	Home/Cell Phone #

Indicate the grounds on which you are making your complaint of discrimination/harassment

Sex	Race	Religion
Gender Identity	Color	Disability
Sexual Orientation	National Origin	Medical Condition
Marital Status	Ancestry	Veteran Status
Age	Citizenship Status	
Other		

Identify the date that the alleged discriminating took place:

Earliest Date:	Latest Date:
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Identify the person, or persons against whom your allegations are made & their working relationship to you (supervisor, co-worker, office guest, etc...)

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Signature of Employee _____	Date: _____
Signature of Manager _____	Date: _____