



**DISCRIMINATION/SEXUAL HARASSMENT
COMPLAINT FORM DEPARTMENT OF NEW JERSEY**

INSTRUCTIONS: This form should be used when filing a discrimination or sexual harassment complaint.

COMPLAINANT INFORMATION:

Please check status at time of incident and complete the contact information below:				
VFW Member:	Membership No.:	Employee:	Auxiliary:	Guest:
Full Name:		City:		
Phone Number:		E-mail Address:		

COMPLAINT SUBMITTED TO:

District #: _____

Post #: _____

Post Commander _____

Post Quartermaster _____

District Commander: _____

(Check all that apply)

RESPONDENT INFORMATION:

Who is/are the person(s) responsible for the alleged discrimination/harassment taken against you? Please include complete name(s) and correct title(s).

NAME:	TITLE:

INCIDENT:

Details on what occurred.

DATE:	TIME:	LOCATION:
NARRATIVE: (Attach additional information if needed)		

DISCRIMINATION/SEXUAL HARASSMENT COMPLAINT

WITNESSES:

NAME:	CONTACT INFORMATION:

I agree to cooperate fully with any inquiry or investigation conducted by the VFW, Department of New Jersey pertaining to this complaint.

COMPLAINANT'S SIGNATURE

DATE SIGNED