



# Audubon School District

350 Edgewood Avenue, Audubon, NJ 08106

Phone: 856-547-7695

Fax: 856-546-8550

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Robert Goldschmidt  
**Interim Superintendent**

Bonnie J. Smeltzer  
**Affirmative Action Officer**

*It is the mission of the Affirmative Action Office to ensure that the Audubon Board of Education maintains compliance with federal, state and local laws and regulations pertaining to nondiscrimination and affirmative action for staff and students.*

## **AFFIRMATIVE ACTION COMPLAINT FORM**

Date: \_\_\_\_\_

Your name and address (complainant): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are school or district faculty/staff, please provide your Job Title, School, and Department/Grade:  
\_\_\_\_\_

If you are other than faculty/staff, please specify: \_\_\_\_\_

Please indicate the nature of your complaint/grievance. Check all those that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Race  | <input type="checkbox"/> Age   |
| <input type="checkbox"/> Creed   | <input type="checkbox"/> Marital/Domestic partnership/civil union status |
| <input type="checkbox"/> Color   | <input type="checkbox"/> Affectional or Sexual Orientation               |
| <input type="checkbox"/> National Origin   | <input type="checkbox"/> Gender  |
| <input type="checkbox"/> Ancestry  | <input type="checkbox"/> Religion  |
| <input type="checkbox"/> Disability  | <input type="checkbox"/> Socioeconomic Status                            |
| <input type="checkbox"/> Sexual Harassment   | <input type="checkbox"/> Genetic Information                             |
| <input type="checkbox"/> Pregnancy   | <input type="checkbox"/> Gender Identification or expression             |
| <input type="checkbox"/> Retaliation for having previously filed an Affirmative Action Complaint |  |
| <input type="checkbox"/> Other   |  |



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*Please use additional sheets if necessary or submit a typewritten summary and attach*

List any possible witnesses:

_____	_____
_____	_____
_____	_____
_____	_____

Informal Investigation Authorized

Signature of Complainant: \_\_\_\_\_

Signed/Received by Affirmative Action Office

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Summary of Results:

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Signature of Affirmative Action Officer:

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Date: \_\_\_\_\_

Receipt of Summary by Complainant:

\_\_\_\_\_

Date: \_\_\_\_\_

Formal Hearing Authorized

Signature of Complainant: \_\_\_\_\_

Summary of Results:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Affirmative Action Officer:

\_\_\_\_\_

Date: \_\_\_\_\_