



Audubon School District

350 Edgewood Avenue, Audubon, NJ 08106

Phone: 856-547-7695

Fax:: 856-546-8550

Steven C. Crispin
Superintendent

Anna Muessig
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 non-discrimination and affirmative action for staff and students.

AFFIRMATIVE ACTION COMPLAINT FORM

Date: _____

Your name (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 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 |

Date(s) on which alleged incident occurred: _____

Accused Information: _____

Title: _____

List any possible witnesses:

_____	_____
_____	_____
_____	_____
_____	_____

Informal Investigation Authorized

Signature of Complainant: _____

Signed/Received by Affirmative Action Office

Name: _____

Signature: _____

Date: _____

Summary of Results:

Signature of Affirmative Action Officer:

Date: _____

Receipt of Summary by Complainant:

Date: _____

Formal Hearing Authorized

Signature of Complainant: _____

Summary of Results:

Signature of Affirmative Action Officer:

Date: _____