

The New Jersey Creative Arts Collaborative

Complaint Form

If you believe that you have been subjected to sexual harassment, discrimination or other conduct violating The New Jersey Creative Arts Collaborative (NJCAC) sexual harassment or discrimination policies, you are encouraged to complete this form and submit it to Diane Parker via email to info@njcac.org or the form can be mailed to Diane Parker, NJCAC, P.O. Box 5396, Old Bridge, NJ 08857

If you are more comfortable reporting verbally, you may speak to Diane Parker by calling 732-440-7940.

You will not be retaliated against for submitting a complaint.

While the process may vary from case to case, all allegations will be investigated promptly and resolved as quickly as possible. The investigation will be kept confidential to the extent possible.

COMPLAINANT INFORMATION

Name: _____

Work Phone: _____ Home/Cell Phone: _____

Job Title: _____ Email: _____

Select Preferred Communication Method: Email Phone In person

SUPERVISORY INFORMATION

Immediate Supervisor's Name: _____

Title: _____

Work Phone: _____

Work Address: _____

COMPLAINT INFORMATION

1. Who do you believe engaged in an activity or exhibited a behavior violating NJCAC policy?

Name: _____

Title: _____

Work Phone: _____

Work Address: _____

Relationship to you: Supervisor Subordinate Co-Worker Other

2. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) sexual harassment/discrimination occurred: _____

Is the harassment/discrimination continuing? Yes No

4. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

The last question is optional, but may help the investigation.

5. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

If you have retained legal counsel and would like us to work with them, please provide their contact information.

COMPLAINANT SIGNATURE

Signature: _____

Date: _____