

State of New Jersey
Division of Equal Employment Opportunity and Affirmative Action
Discrimination Complaint Processing Form

INSTRUCTIONS: This complaint form should be filed with the Equal Employment Opportunity/Affirmative Action Officer or the alternate designee for the State department, agency, commission, or State college/university where you work or applied for employment.

For detailed information on the complaint process, see the State of New Jersey Model Procedures for Processing Internal Complaints Alleging Discrimination in the Workplace (Model Procedures) on Page 2 of this form.

1. Name:	2. Name of State Dept., Agency, Commission or College:	3. Telephone (Work):			
4. Job Title:	5. Division / Office / Facility:	6. Telephone (Home):			
7. Home Address:	8a. Full name, title, and telephone number of person(s) you believe discriminated against you:				
8. Date(s) of discriminatory action(s):					
8c. Complainant's Status <i>(Check applicable box)</i> : <input type="checkbox"/> Employee <input type="checkbox"/> Job Applicant <input type="checkbox"/> Vendor/Contractor <input type="checkbox"/> Other <i>(Please specify)</i> _____					
9. Basis of Discrimination: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Age <input type="checkbox"/> Affectional/Sexual Orientation <input type="checkbox"/> Ancestry <input type="checkbox"/> Atypical Hereditary Cellular or Blood Trait <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Disability <input type="checkbox"/> Domestic Partnership Status </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Familial Status <input type="checkbox"/> Gender Identity or Expression <input type="checkbox"/> Genetic Information (including refusal to submit to or provide results of a genetic test) <input type="checkbox"/> Liability for Military Service <input type="checkbox"/> Marital /Civil Union Status <input type="checkbox"/> Nationality </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> National Origin <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sex/Gender (including pregnancy) <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Retaliation (for having filed a discrimination complaint, participating in a complaint investigation, or for opposing a discriminatory practice) </td> </tr> </table>			<input type="checkbox"/> Age <input type="checkbox"/> Affectional/Sexual Orientation <input type="checkbox"/> Ancestry <input type="checkbox"/> Atypical Hereditary Cellular or Blood Trait <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Disability <input type="checkbox"/> Domestic Partnership Status	<input type="checkbox"/> Familial Status <input type="checkbox"/> Gender Identity or Expression <input type="checkbox"/> Genetic Information (including refusal to submit to or provide results of a genetic test) <input type="checkbox"/> Liability for Military Service <input type="checkbox"/> Marital /Civil Union Status <input type="checkbox"/> Nationality	<input type="checkbox"/> National Origin <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sex/Gender (including pregnancy) <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Retaliation (for having filed a discrimination complaint, participating in a complaint investigation, or for opposing a discriminatory practice)
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10a. Explain why you feel you have been discriminated against: _____ <input type="checkbox"/> CHECK IF ADDITIONAL SHEETS ARE ATTACHED					
10b. Were the actions or behavior you are complaining about directed at, or said to, you ___ and/or another party___(third party harassment)?					
10c. Was the incident reported to anyone? Yes ___ No ___ If yes, who and when? _____					
10d. What remedy or resolution are you seeking? _____					
10e. If appropriate, as determined by the EEO Officer, are you willing to attempt to resolve your complaint through mediation or another alternative dispute resolution (ADR) process? <input type="checkbox"/> YES <input type="checkbox"/> NO					
10f. Complainant's Signature: _____ Date: _____					
11. Have you filed a discrimination complaint with the <ul style="list-style-type: none"> • N.J. Division on Civil Rights? <input type="checkbox"/> YES <input type="checkbox"/> NO • U.S. Equal Employment Opportunity Commission? <input type="checkbox"/> YES <input type="checkbox"/> NO 	12. Have you filed a grievance on the issues / personnel actions described? <input type="checkbox"/> YES <input type="checkbox"/> NO				
13. Completion of this part is voluntary. The Information is to be used only for State and Federal record keeping and reporting requirements: SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female RACE: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					
Note: In addition to filing an internal complaint, a complainant has a right to use external complaint filing procedures available under State law (with the NJ Division on Civil Rights) and federal law (with the US Equal Employment Opportunity Commission). Detailed information is contained in the Model Procedures found on Page 2 of this form.					
DO NOT WRITE BELOW THIS LINE					
EEO/AA Officer Signature: _____	Date Received: _____				

NEW JERSEY STATE

MODEL PROCEDURES FOR INTERNAL COMPLAINTS ALLEGING DISCRIMINATION IN THE WORKPLACE

Each State department, commission, State college or university, agency and authority (hereafter referred to in this section as "State Agency") is responsible for implementing this model procedure, completing it to reflect the structure of the organization, and filing a copy of the completed procedure with the Department of the Treasury, Division of EEO/AA (hereafter referred to as the "Division of EEO/AA").

1. All employees and applicants for employment have the right and are encouraged to immediately report suspected violations of the State Policy Prohibiting Discrimination in the Workplace, N.J.A.C. 4A:7-3.1.
2. Complaints of prohibited discrimination/harassment can be reported to the State Agency's EEO/AA Officer or to any supervisory employee of the State Agency. Complaints may also be reported to the Division of EEO/AA.
3. Every effort should be made to report complaints promptly. Delays in reporting may not only hinder a proper investigation, but may also unnecessarily subject the victim to continued prohibited conduct.
4. Supervisory employees shall immediately report all alleged violations of the State Policy Prohibiting Discrimination in the Workplace to the State Agency's EEO/AA Officer. Such a report shall include both alleged violations reported to the supervisor, and those alleged violations directly observed by the supervisor.
5. If reporting a complaint to any of the persons set forth in paragraphs 2 through 4 above presents a conflict of interest, the complaint may be filed directly with the Department of the Treasury, Division of EEO/AA, P.O. Box 315, Trenton, NJ 08625-0315. An example of such a conflict would be where the individual against whom the complaint is made is involved in the intake, investigative or decision making process.
6. In order to facilitate a prompt, thorough and impartial investigation, all complainants are encouraged to submit a Department of the Treasury Discrimination Complaint Processing Form. An investigation may be conducted whether or not the form is completed.
7. Each State Agency shall maintain a written record of the discrimination/harassment complaints received. Written records shall be maintained as confidential records to the extent practicable and appropriate. A copy of all complaints (regardless of the format in which submitted) must be submitted to the Department of the Treasury, Division of EEO/AA, by the State Agency's EEO/AA Officer, along with a copy of the acknowledgement letter(s) sent to the person(s) who filed the complaint and, if applicable, the complaint notification letter sent to the person(s) against whom the complaint has been filed. If a written complaint has not been filed, the EEO/AA Officer must submit to the Division of EEO/AA a brief summary of the allegations that have been made. Copies of complaints filed with the New Jersey Division on Civil Rights, the U.S. Equal Employment Opportunity Commission, or with the court system must also be submitted to the Division of EEO/AA.
8. During the initial intake of a complaint, the EEO/AA Officer or authorized designee will obtain information regarding the complaint and determine if interim corrective measures are necessary to prevent continued violations of the State's Policy Prohibiting Discrimination in the Workplace.
9. At the EEO/AA Officer's discretion, a prompt, thorough, and impartial investigation into the alleged harassment or discrimination will take place.
10. An investigatory report will be prepared by the EEO/AA Officer or his or her designee when the investigation is completed. The report will include, at a minimum:
 - a. A summary of the complaint;
 - b. A summary of the parties' positions;
 - c. A summary of the facts developed through the investigation; and
 - d. An analysis of the allegations and the facts.

The investigatory report will be submitted to the State Agency head or designee.
11. The State Agency head or designee will review the investigatory report issued by the EEO/AA Officer or authorized designee, and make a determination as to whether the allegation of a violation of the State's Policy Prohibiting Discrimination in the Workplace has been substantiated. The State Agency head or designee will issue a final letter of determination to the parties. If a violation has occurred, the State Agency head or designee will determine the appropriate corrective measures necessary to immediately remedy the violation, including the imposition of discipline, if warranted.
12. The final letter of determination will set forth the results of the investigation and the right of appeal to the Civil Service Commission (CSC) as set forth in Paragraphs 13 and 14, below. To the extent possible, the privacy of all parties involved in the process shall be maintained in the final letter of determination. The Division of EEO/AA shall be furnished with a copy of the final letter of determination.
 - a. The final letter of determination shall include, at a minimum:
 1. A brief summary of the parties' positions;
 2. A brief summary of the facts developed during the investigation; and
 3. An explanation of the determination, which shall include whether:
 - i. The allegations were either substantiated or not substantiated; and
 - ii. A violation of the State's Policy Prohibiting Discrimination in the Workplace did or did not occur.
 - b. The investigation of a complaint shall be completed and a final letter of determination shall be issued no later than 120 days after the initial intake of the complaint referred to in Paragraph 8, above, is completed.
 - c. The time for completion of the investigation and issuance of the final letter of determination may be extended by the State Agency head for up to 60 additional days in cases involving exceptional circumstances. The State Agency head shall provide the Division of EEO/AA and all parties with written notice of any extension and shall include in the notice an explanation of the exceptional circumstances supporting the extension.
13. A complainant who is in the career, unclassified or senior executive service, or who is an applicant for employment, who disagrees with the determination of the State Agency head of designee, may submit a written appeal within twenty days of the receipt of the final letter of determination, to the CSC, PO Box 312, Trenton, NJ 08625-0312. The appeal shall be in writing and include all materials presented by the complainant at the State agency level, the final letter of determination, the reason for the appeal and the specific relief requested.
 - a. Employees filing appeals which raise issues for which there is another specific appeal procedure must utilize those procedures. The CSC Chair may require any appeal, which raises issues of alleged discrimination and other issues, such as examination appeals, to be processed using the procedures set forth in this section or a combination of procedures as the CSC Chair deems appropriate. See N.J.A.C. 4A:2-1.7.
 - b. The CSC shall decide the appeal on a review of the written record or such other proceeding as it deems appropriate. See N.J.A.C. 4A:2-1.1(d).
 - c. The appellant shall have the burden of proof in all discrimination appeals brought before the CSC.
14. In a case where a violation has been substantiated, and no disciplinary action recommended, the party (ies) against whom the complaint was filed may appeal the determination to the CSC at the address indicated in Paragraph 13 above, within 20 days of receipt of the final letter of determination by the State Agency head or designee.
 - a. The burden of proof shall be on the appellant.
 - b. The appeal shall be in writing and include the final letter of determination, the reason for the appeal, and the specific relief requested.
 - c. If disciplinary action has been recommended in the final letter of determination, the party(ies) charged may appeal using the procedures set forth in N.J.A.C. 4A:2-2 and 3.
15. The Director of the Division of EEO/AA shall be placed on notice of, and given the opportunity to submit comment on, appeals filed with the CSC of decisions on discrimination complaints, regardless of whether or not the complaint was initially filed directly with the Director of the Division of EEO/AA.
16. Any employee or applicant for employment can file a complaint directly with external agencies that investigate discrimination/harassment charges in addition to utilizing this internal procedure. The time frames for filing complaints with external agencies indicated below are provided for informational purposes only. An individual should contact the specific agency to obtain exact time frames for filing a complaint. The deadlines run from the date of the last incident of alleged discrimination/harassment, not from the date that the final letter of determination is issued by the State Agency head or designee.

Issued: December 16, 1999
 Revised: June 3, 2005
 Revised: August 20, 2007
 Revised October 15, 2009
 Revised March 9, 2010
 See N.J.A.C. 4A:7-3.2

Employees may file complaints with the following external agencies:

**Division on Civil Rights
 N. J. Department of Law & Public Safety
 (Within 180 days for violation of the discriminatory act)**

**United States Equal Employment Opportunity
 Commission (EEOC)
 (Within 300 days of the discriminatory act)**

Trenton Regional Office
 140 East Front Street
 6th Floor, P.O. Box 090
 Trenton NJ 08625-0090
 (609) 292-4605

Atlantic City Office
 26 Pennsylvania Avenue
 3rd Floor
 Atlantic City, NJ 08401
 (609) 441-3100

Paterson Regional Office
 100 Hamilton Plaza, Suite 800
 Paterson, NJ 07505-2109
 (973) 977-4500

Philadelphia District Office
 801 Market Street, Suite 1300
 Philadelphia, PA 19107-3127
 (215) 440-2600

Newark Regional Office
 31 Clinton Street, 3rd floor
 P.O. Box 46001
 Newark, NJ 07102
 (973) 648-2700

Camden Regional Office
 One Port Center, 4th Floor
 2 Riverside Drive, Suite 402
 Camden, NJ 08103
 (856) 614-2550

Newark Area Office
 One Newark Center, 21st Floor
 Raymond Blvd at McCarter Highway (Rt.21)
 Newark, New Jersey 07102-5233
 (973) 645-6383