



**BAYONNE BOARD OF EDUCATION
ADMINISTRATION BUILDING**

669 Avenue A
Bayonne, New Jersey 07002

KENNETH KOPACZ
ASSISTANT SUPERINTENDENT

Tel: (201)-858-5847
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Complainant Information

(Please complete all of the information below)

Name	Last Name	First Name	Middle Name	
Address	Number and Street	City	State	Zip
Phone	Home Phone	Work Phone		
Date of Complaint		Job Title of Complainant and School where Employed		
Name of Person(s) this Complaint is Against	Is/Are the Person(s) Charged in this Complaint a Board of Education Employee?		If Yes, what is the person(s) job title, and building and school locations? If no, identify the person's employer.	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Do you believe that you were harassed or discriminated against based upon your sex, race, religion, age, national origin, sexual orientation, gender identity or some other protected characteristic? If so, please describe in detail the basis for your claim, including but not limited to the date(s), time(s), and location(s) of the alleged discriminatory incident(s).

If this is not a harassment/discrimination complaint based upon a protected characteristic, but for some other reason, please state this and set forth in detail the basis for the complaint, including but not limited to the date(s), time(s), and location(s) of the alleged misconduct.

Continued:

(Attach additional pages if necessary)

Was incident(s) previously reported to anyone? If yes, who and on what dates(s)?	
Witness(es) to Incident(s) Name of witness(es) and contact telephone number(s)	Describe what witness(es) observed and date(s) and time(s)
a.	a.
b.	b.
c.	c.
d.	d.

e.	e.		
f.	f.		
Describe any actions taken by you and/or the District, if applicable, in response to the incident(s):			
Remedy/Relief Sought (Explanation)			
Please attach copies of any documents in your possession that relate in any way to this complaint and identify them below:			
<table border="1" style="width: 100%;"> <tr> <td data-bbox="191 1566 818 1684">Signature of Complainant</td> <td data-bbox="818 1566 1430 1684">Date</td> </tr> </table>		Signature of Complainant	Date
Signature of Complainant	Date		