

## New Jersey Judiciary EEO Complaint Form: Report of Discrimination, Sexual Harassment, Retaliation

Fairness - Quanty Service									
Please type or clearly pr	int all information.								
Complainant Informati	on								
Prefix Last Name (in	nclude: Sr. / Jr. / III, etc.)		First Name Middle Name						
Home Address				City			State	Zip	
Telephone			Ema	il			•	1	
Complainant Status (c	heck applicable box)								
☐ Judicial Employee									
	(.	(Job Title)				(Vicinage / Division/ AOC)			
☐ Volunteer	(Vicinage)		o Applica	nt 🗌 Oth	ner				
					(specify)				
Name and Title of Per	son(s) You Believe Dis	scriminated A	Against \	'ou					
Name		Job Title V				Vicinage / Division / AOC			
Name		Job Title V			Vicinage	Vicinage / Division / AOC			
Name		Job Title			Vicinage	Vicinage / Division / AOC			
Basis of Complaint (ch	neck applicable box or bo	xes)							
☐ Race ☐ Colo	r National Orig	jin / Nationalit	у	☐ Ancestry	Religio	n/Creed	☐ Ag	e	
Sex / Gender	Sex / Gender Gender Identity or Affectional or Expression Sexual Orientation Breastfeeding							nt	
☐ Civil Union Status	☐ Domestic Partnersl	nip Status	☐ Marita	l Status	] Veteran Status	or Liability fo	or Military	Service	
☐ Disability/Perceive	d Disability	l Hereditary C	ellular or	Blood Trait	☐ Genetic Info	ormation	□Ret	aliation	
Description of Co of occurrence.	mplaint: List each inc	ident separa	itely and	describe in	detail the incide	nt(s) and ti	me and	place	
you should not ide	his form will be provide ntify witnesses or back nvestigator who will inv	ground evid	ence on	this form. Yo					
Description of Incident				Date	of Incident				
						Incident Rep Who?	ported to	Anyone? If	
					Date	Reported			

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Description of Incident			Date of Incident					
			Was Incident Report If Yes, Who?	ed to Anyone?				
			Date Reported					
Description of Incident			Date of Incident					
			Was Incident Report If Yes, Who?	red to Anyone?				
			Date Reported					
Description of Incident			Date of Incident					
			Was Incident Report If Yes, Who?	red to Anyone?				
			Date Reported					
Description of Incident			Date of Incident					
			Was Incident Report If Yes, Who?	ed to Anyone?				
			Date Reported					
Remedy Sought (Explanation)								
			Additional pages m					
NOTE: The Complainant has a right to use the Rights) and federal law (Equal Employment Op			state law (NJ Divisi	on on Civil				
EEO/AA Officer or AOC Investigator's Name	Date	Complainant's Signatur	е	Date				
Please submit form to the local EEO/AA Officer or to the Chief Judiciary EEO/AA Officer in the AOC.								

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