



NJ TRANSIT
Office of Equal Employment and Affirmative Action
Title VII Discrimination Complaint Form

INSTRUCTIONS: Complaints must be filed no later than three years from the date the alleged discrimination occurred. Complainants are encouraged to submit EEO complaints in writing using the Title VII Discrimination Complaint form.

1. Name:	2. Employee ID #:	3a. Telephone (Work):			
		3b. Email (Work):			
4. Job Title:	5. Dept/Location:	6a. Telephone (Home):			
		6b. Email (Home):			
7. Home Address:	8b. Full name, title, and dept/location of person(s) you believe discriminated against you:				
8a. 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"/> National Origin <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"/> Veteran Status <input type="checkbox"/> Marital /Civil Union Status <input type="checkbox"/> Nationality </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> Equal Pay <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sex/Gender (including pregnancy) <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Retaliation <input type="checkbox"/> Accommodations </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"/> National Origin <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"/> Veteran Status <input type="checkbox"/> Marital /Civil Union Status <input type="checkbox"/> Nationality	<input type="checkbox"/> Equal Pay <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sex/Gender (including pregnancy) <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Retaliation <input type="checkbox"/> Accommodations
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10a. Were the actions or behavior you are complaining about directed at, or said to, you____and/or another party____(third party harassment)?					
10b. Was the incident reported to anyone? Yes ____ No ____If yes, who and when? _____					
10c. What remedy or resolution are you seeking? _____					
10d. If appropriate, as determined by the Chief of EO/AA, are you willing to attempt to resolve your complaint through mediation? <input type="checkbox"/> YES <input type="checkbox"/> NO					
10e. Complainant's Signature:_____Date: _____					
11. Have you filed a discrimination complaint with the	12. Have you filed a grievance on the issues?				
<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 	<input type="checkbox"/> YES <input type="checkbox"/> NO				
13. Completion of this part is voluntarily designed for recordkeeping and reporting requirements only.					
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 <input type="checkbox"/> Two or more races					
ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					
Note: If you know of any other employee(s) within your protected class who may have been treated in the same way you allege you were, please include their names in your statement and explain how they were treated. Please list any individuals that may have information that supports your complaint.					
14. Explain why you feel you have been discriminated against					
<input type="checkbox"/> CHECK IF ADDITIONAL SHEETS ARE ATTACHED					

Large empty rectangular box for content.

Complainant
Signature: _____

Date: _____

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New Jersey Transit Office of EO/AA
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937-491-8020