

Audubon Public School District

Administrative Offices

350 Edgewood Avenue · Audubon · New Jersey · 08106 · Phone: 856-547-7695 · Fax: 856-546-8550 www.audubonschools.org

Andrew Davis, Ed.D. Superintendent 856-547-7695 Ext. 4102 Deborah Roncace
Business Administrator/Board Secretary
856-547-7695 Ext. 4104

Shamus Burke
Director of Curriculum & Instruction
856-547-7695 Ext. 4191

Noelle Bisinger
Director of Special Services
856-547-7695 Ext. 4152

Bonnie J. Smeltzer **Affirmative Action Officer**

It is the mission of the Affirmative Action Office to ensure that the Audubon Board of Education maintains compliance with federal, state and local laws and regulations pertaining to nondiscrimination and affirmative action for staff and students.

AFFIRMATIVE ACTION COMPLAINT FORM

Date:	
Your name and address (complainant):	
If you are school or district faculty/staff, please prov	
If you are other than faculty/staff, please specify:	
Please indicate the nature of your complaint/grievan	ce. Check all those that apply:
□ Race	Affirmative Action Complaint
□ Creed	□ Age
□ Color	☐ Marital/Domestic partnership/civil union status
□ National Origin	☐ Affectional or Sexual Orientation
□ Ancestry	□ Gender
□ Disability	□ Religion
□ Sexual Harassment	□ Socioeconomic Status
□ Pregnancy	☐ Genetic Information
☐ Retaliation for having previously filed an	☐ Gender Identification or expression
□ Other	

In partnership with our students, families, and communities, the Audubon Public Schools will educate all students by providing motivating and challenging learning experiences embedded in technology that prepare them to achieve the New Jersey Student Learning Standards at all grade levels, in a safe setting of mutual respect, in order to develop ethical, productive citizens who will contribute to the local and global community.

Date(s) on which alleged incident occurred:
Accused Information:
Title:
Description of Incident:
Please use additional sheets if necessary or submit a typewritten summary and attach

List any possible witnesses:		
	_	
	_	
	_	
	_	
Informal Investigation Authorized Signature of Complainant:		 _
Signed/Received by Affirmative Ac	tion Office	
Name:		
Signature:		
Date:		
Summary of Results:		
Signature of Affirmative Action Officer:		
	_ Date:	 _
Receipt of Summary by Complainant:		
	_ Date:	 _

Formal Hearing Authorized		
Signature of Complainant:		
Summary of Results:		
Signature of Affirmative Action Officer:		
	Date:	