



KEARNY PUBLIC SCHOOLS
172 MIDLAND AVENUE
KEARNY, NJ 07032

It is the mission of the Affirmative Action Officer to ensure that the Kearny Board of Education maintains compliance with federal, state and local laws and regulations pertaining to non-discrimination and affirmative action for staff and students.

GRIEVANCE FORM "A"

STEP #1

Your Name: _____ Today's Date: _____

Where you can be most quickly contacted:

Address: _____ Phone: _____

E-Mail address: _____

Please mark appropriate response and complete the information requested:

If you are school or district Faculty/Staff, please provide your Job Title, School, Department/Grade

If you are other than Faculty/Staff, please specify: _____

Please indicate the nature of your complaint/grievance (Check all those that apply):

- | | |
|--|--|
| <input type="checkbox"/> Gender | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Race or Color | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> National Origin or Ancestry | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Age | <input type="checkbox"/> Retaliation for Having Previously Filed an Affirmative Action Complaint |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Creed or Religion | |

Accused Information

Name: _____ Title/Job (If applicable): _____

Summary of alleged complaint (use back of the form or attach other sheets as necessary):

1. Date(s) on which alleged incident(s) occurred: _____

2. List any possible witnesses:

Name: _____

Title: _____

Name: _____

Title: _____

Action

What action, if any has been taken so far?

Have you filed a complaint/grievance in the past? Yes / No **(Circle one)**

If yes, please provide the following information below:

Type of complaint: _____ Date: _____

Was your complaint/grievance substantiated or unsubstantiated (Circle one)

Your Signature: _____

Today's Date: _____

Signed/Received by Affirmative Action Office _____ Date: _____

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This portion to be used by Affirmative Action Officer ONLY

FORM "B"

STEP #2

Grievance Number _____

To: _____, Grievant

From: _____, Affirmative Action Officer

Date of final response _____

RESPONSE TO GRIEVANCE:

Date Grievance Received

Affirmative Action Officer

APPEAL – FORM "C"

(STEP #3)

Grievance Number _____

From: _____, Grievant

To: _____, Superintendent

Date: _____

"Grievance Form "A" is hereby attached for APPEAL to the Superintendent."

Signature of Grievant

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This portion to be used by Superintendent ONLY

(STEP #4)

To: _____, Grievant

From: _____, Superintendent

Date: _____

RESPONSE TO GRIEVANT'S APPEAL:

Date Appeal Received

Superintendent

SECOND APPEAL – FORM “D”

(STEP #5)

Grievance Number _____

From: _____, Grievant

To: _____, Superintendent

Date: _____

“The attached Grievance Forms “A” and “C” are hereby submitted for your information pertaining to my complaint.”

Signature of Grievant

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This portion to be used for Board of Education Response

(STEP #6)

To: _____, Grievant

From: _____

Date: _____

RESPONSE TO SECOND APPEAL:

Date Second Appeal Received

Superintendent