



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 Officer \_\_\_\_\_ 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