Bergenfield Public School District

Student Affirmative Action Grievance Form

Instructions: All students have the right to be treated fairly and equitably while in school and are encouraged to immediately report suspected violations of Bergenfield Board of Education policies 5750 Affirmative Action. In order to facilitate a prompt, thorough and impartial investigation of the alleged violation of rights, all complainants are advised to complete this form and submit it to the district Affirmative Action Officer, Ms. Darlene Markman. For detailed information regarding this process, please visit the Affirmative Action webpage on the district website under Human Resources.

Name:	Grade:
Home Address:	
Home Phone:	
Name of Person(s) you believe dis	play the discriminatory/ harassing behavior:
Title/Position of Person(s):	
Date(s) of Alleged Discriminatory,	/Harassing Action(s):
***********	******************
Please explain why you feel you h	ave been discriminated against or harassed.
Please initial here if additional	sheets are attached

Please provide the name(s) and position(s) of the individual(s) who may have witnessed the alleged discriminatory/harassing actions.
Please describe any attempts that were made to resolve the alleged discriminatory/harassing actions with the accused, and the result of this attempt.
Was the incident reported to anyone? YesNo
If yes, to whom and when?
If yes, what was the outcome of the report that you made?
Are there any other individuals who may have pertinent information to whom the Affirmative Action Officer should speak with during the course of this investigation?
Yes No
If yes, please list the names of these individuals below:
1
2

3		
4		
5		
the best form wil this com	that the information contained in the Aff of my knowledge and belief. I understa Il be shared with the accused and will be aplaint and the rendering of a decision or nt procedure.	and that the Affirmative Action Grievance e reviewed as part of the investigation o
Complai	inant's Signature:	Date: