HIGHLAND PARK PUBLIC SCHOOLS
www.hpschools.net

AFFIRMATIVE ACTION
GRIEVANCE REPORT - FORM A

FROM:_____, *Grievant*

TO: Dr. Jason L. Richardson, LSW, *Affirmative Action Officer*

DATE:_____

I believe that I have been the victim of an incident of suspected harassment and/or unlawful discrimination.

1. Name of the individual(s) suspected of harassment and/or unlawful discrimination:

2. Please describe each incident as clearly and specifically as possible:

3. Please identify any witnesses to the incident(s):

4. Please provide any other information that you believe may be relevant to the incident(s):

I hereby affirm that the information I have provided is true to the best of my knowledge.

_____ _____

Name of Grievant (Print) Signature of Grievant

_____

Date

Received by: _____

Position/Title: _____

Signature: _____

Date: _____

(This Portion To Be Used By Affirmative Action Officer ONLY)

TO: _____, *Grievant*

FROM: Nicole Krubski, *Affirmative Action Officer*

DATE: _____

GRIEVANCE NUMBER: _____

RESPONSE TO GRIEVANT:

_____ _____

Date Grievance Received Affirmative Action Officer