

Bergenfield Public School District

Healthy Workplace Environment Grievance Form

In accordance with district policies 3351 and 4351, the Bergenfield Board of Education understands that a healthy work environment allows district administrative, teaching and support staff members to “fully contribute their expertise and skills to their school district responsibilities. Employees are expected to interact with each other with dignity and respect regardless of an employee’s assignment or position in the school district.”

Accordingly, “repeated, malicious conduct of an employee or group of employees directed toward another employee or group of employees in the workplace that a reasonable person would find hostile or offensive is unacceptable and is not conducive to establishing or maintaining a healthy workplace environment.”

Those who feel they have been subjected to this unacceptable conduct, as fully outlined in the aforementioned policies, are advised to complete this form and submit it to the Director of Personnel Services, Mr. Shane Biggings.

Please note: *Policies 3351 and 4351 do not cover alleged violations based on “conduct toward an employee of a protected class or because of the employee’s protected activity,” as they are covered through the district's Affirmative Action process.*

Name: _____ Job Title: _____

Home Address: _____

Home or Cell Phone: _____ Work Phone: _____

Name of Person(s) you believe display the discriminatory/ harassing behavior:

Title/Position of Person(s): _____

Date(s) of Alleged Discriminatory/Harassing Action(s): _____

Set forth the details of your claim, including the specific conduct which constitutes a violation of the policy and any other information that may be informative and helpful to an investigation of your grievance.

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? Yes _____ No _____

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. _____

I certify that the information contained in the Healthy Workplace Environment Grievance Form is true to the best of my knowledge and belief. I understand that the Healthy Workplace Environment Grievance Form will be shared with the accused and will be reviewed as part of the investigation of this complaint and the rendering of a decision on this complaint at every step of the complaint procedure.

Complainant's Signature: _____ Date: _____