

DOVER PUBLIC SCHOOLS
AFFIRMATIVE ACTION PROCESS
GRIEVANCE REPORT - FORM A

STEP #1

From (Name & phone number): _____, Grievant
 To: _____, AA Officer
 Date: _____

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

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Disability | <input type="checkbox"/> Color |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Affectional or Sexual Orientation | <input type="checkbox"/> Gender |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Military Service | |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Hostile Work Environment (Sexual Harassment) | |
| <input type="checkbox"/> Age | <input type="checkbox"/> Marital/Domestic Partnership/Civil Union Status | |
| <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Atypical Cellular Blood Trait | |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Gender Identification or Expression | |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> Religion | |

Summary of alleged complaint (use back of the form or attach other sheets as necessary).
 Please include date(s) on which alleged incident occurred and list any possible witnesses.

 Signature of Grievant

**DOVER PUBLIC SCHOOLS
AFFIRMATIVE ACTION PROCESS
GRIEVANCE REPORT - FORM B**

(This Portion to be used by Affirmative Action Officer ONLY)

STEP #2

Grievance Number _____

To: _____, Grievant

From: _____, AA Officer

Date: _____

Response to Grievant:

Date Grievance Received

Affirmative Action Officer

DOVER PUBLIC SCHOOLS
AFFIRMATIVE ACTION PROCESS
GRIEVANCE REPORT - FORM C
APPEAL FORM

STEP #3

Grievance Number _____

From: _____, Grievant

To: _____, AA Officer

Date: _____

“Grievance Forms A and B are hereby attached for Appeal to the Superintendent.”

Signature of Grievant

**DOVER PUBLIC SCHOOLS
AFFIRMATIVE ACTION PROCESS
GRIEVANCE REPORT - FORM D**

(This Portion to be used by Superintendent or Designee ONLY)

STEP #4

Grievance Number _____

To: _____, Grievant

From: _____, Superintendent

Date: _____

Response to Grievant's Appeal:

Date Appeal Received

Superintendent

DOVER PUBLIC SCHOOLS
AFFIRMATIVE ACTION PROCESS
GRIEVANCE REPORT - FORM E
SECOND APPEAL FORM

STEP #5

Grievance Number _____

From: _____, Grievant

To: _____, AA Officer

Date: _____

“Grievance Forms A, B, C & D are hereby attached and hereby submitted for the Board of Education’s review pertaining to my complaint.”

Signature of Grievant

DOVER PUBLIC SCHOOLS
AFFIRMATIVE ACTION PROCESS
GRIEVANCE REPORT - FORM F

STEP #6

Grievance Number _____

To: _____, Grievant

From: _____

Date: _____

Response to Grievant's Second Appeal:

Date Appeal Received

Affirmative Action Officer