



**BAYONNE BOARD OF EDUCATION
ADMINISTRATION BUILDING**

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GRIEVANCE REPORT - FORM A

STEP #1

Your Name: _____ Today's Date: ____/____/____

Where you can be contacted:

Address: _____ Phone #: _____

E-Mail Address: _____

Please Mark Appropriate Response And Complete The Information Requested:

JOB TITLE:	SCHOOL:	DEPARTMENT / GRADE

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

- | | |
|--|--|
| <input type="checkbox"/> Gender | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Race or Color | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> National Origin or Ancestry | <input type="checkbox"/> Retaliation for Having Previously
Filed an Affirmative Action
Complaint |
| <input type="checkbox"/> Age | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Marital Status | |
| <input type="checkbox"/> Creed or Religion | |
| <input type="checkbox"/> Disability | |

ACCUSED INFORMATION:

NAME: _____

TITLE / JOB _____

1. Dates(s) on which alleged incident(s) occurred: _____

2. List of Possible Witnesses:

Name: _____ Position: _____

Name: _____ Position: _____

Action

Has this incident already been reported?

If yes, to who: _____ Date: _____

Have you filed a complaint / grievance in the past regarding this situation? YES NO

Summary of Situation:

Your Signature: _____ Today's Date: ____/____/____

AAO Signature: _____ Date Received: ____/____/____