



South River Public Schools

Department of Curriculum, Instruction and Personnel

South River Board of Education
South River, New Jersey 08882

Dr. Joseph Trivisonno, Assistant Superintendent
jtrivisonno@srivernj.org

It is the mission of the Affirmative Action Officer to ensure that the South River Board of Education maintains compliance with federal, state and local laws pertaining to non-discrimination and affirmative action for staff and students.

GRIEVANCE FORM A

STEP 1:

Your Name: _____ Today's Date: _____

Where can you most quickly be contacted:

Phone: _____ Email: _____

Please mark appropriate response and complete the information requested:

If you are district Faculty/ Staff, please provide your Job Title, School, Department/ Grade:

If you are other than Faculty/ Staff, please specify: _____

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

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

Accused Information

Name: _____ Title/ Job: _____

Summary of alleged complaint (Attach additional pages as needed. Indicate if attached):

1. Date (s) on which alleged incident(s) occurred: _____
2. List any possible witnesses:

a. Name: _____

Title: _____

b. Name: _____

Title: _____

Action

What action, if any has been taken so far?

Have you filed a complaint/ grievance in the past? Yes No **(Circle One)**

If yes, please provide the following information below:

Type of complaint: _____

Date: _____

Was your complaint/ grievance substantiated? Yes No

(Circle One)

Signature: _____

Date: _____

Date Received by Affirmative Action Office: _____

Grievance Number Assigned: _____

This portion to be used by Affirmative Action Officer ONLY

FORM B

STEP 2

To: _____, Grievant

From: Dr. Joseph Trivisonno, Affirmative Action Officer

Date of Final Response: _____

Re: Grievance Number _____

RESPONSE TO GRIEVANCE

Dr. Joseph Trivisonno, Ed.D.

APPEAL- FORM C

STEP 3:

Grievance Number: _____

From: _____, Grievant

To: _____ Superintendent

Date: _____

Grievance Form A is hereby attached for APPEAL to the Superintendent.

Signature of Grievant

This Portion to be Used by Superintendent ONLY

STEP 4:

Grievance Number: _____

From: _____, Superintendent

To: _____, Grievant

Date: _____

RESPONSE TO GRIEVANT'S APPEAL:

Superintendent's Signature

Date Appeal Received

SECOND APPEAL- FORM D

STEP 5:

Grievance Number: _____

From: _____, Grievant

To: _____ Superintendent

Date: _____

The attached Grievance Forms "A" and "C" are hereby submitted for your information pertaining to my complaint.

Signature of Grievant

This Portion to be Used for Board of Education's Response ONLY

STEP 6:

Grievance Number: _____

From: _____, Superintendent

To: _____, Grievant

Date: _____

BOARD OF EDUCATION'S RESPONSE TO GRIEVANT'S APPEAL:

Superintendent's Signature

Date Appeal Received