

# Bergenfield Public School District

## Affirmative Action Grievance Form

**Instructions:** All employees and applicants for employment have the right and are encouraged to immediately report suspected violations of the following Bergenfield Board of Education policies: [1510](#) Americans with Disabilities Act, [1530](#) Equal Employment Opportunities; [1550](#)-Equal Employment-Anti-Discrimination practices; [1549/3362/4352](#)/Sexual Harassment. In order to facilitate a prompt, thorough and impartial investigation of the alleged violation of rights, all complainants are advised to complete this form and submit it to the district Affirmative Action Officer, Ms. Darlene Markman. For detailed information regarding this process, please visit <https://www.bergenfield.org/domain/332>.

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Home Address:

\_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Title/Position of Person(s):

\_\_\_\_\_

Date(s) of Alleged Discriminatory/Harassing Action(s): \_\_\_\_\_

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Please explain why you feel you have been discriminated against or harassed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Please initial here if additional sheets are attached \_\_\_\_\_**

Provide the name and position of any individuals who may have witnessed the alleged, discriminatory/harassing actions:

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What attempt, if any, did you make to resolve the alleged discriminatory/harassing actions with the accused, and what the result of this attempt?

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Was the incident reported to anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to whom and when?

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If yes, what was the outcome of the report that you made?

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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 Affirmative Action Grievance Form is true to the best of my knowledge and belief. I understand that the Affirmative Action*

*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:  
\_\_\_\_\_