

# GRIEVANCE PROCEDURE

In keeping with federal/state antidiscrimination legislation, BCIT/BCSSD has adopted and hereby publishes the Grievance Procedure provided for the resolution of employee sexual harassment and discrimination complaints.

**PURPOSE:** To provide employees a procedure by which they can seek a remedy for alleged violations related to discrimination on the basis of race, color, creed, religion, affectional or sexual orientation, sex, ancestry, national origin, or socioeconomic status.

## DEFINITION

- *Grievance* - A formal written complaint on the district form.
- *Grievant* - Any person aggrieved by a decision or condition falling under the guidelines of federal and/or state anti-discrimination laws.
- *Affirmative Action Officer* - The district employee designated to coordinate efforts with anti-discrimination legislation and charged with the responsibility of investigating complaints.

## PROCEDURE

Level 1: The grievant must present the complaint in written form to the responsible person designated, Dr. Ashanti Holley, Affirmative Action Officer, 2 Academy Drive, Westampton NJ 08060, in a sealed envelope. (Use Grievance Report - Form A). The Affirmative Action Officer investigates and responds to the grievant (Affirmative Action Officer is to use the space provided on Grievance Report - Form A).

Level 2: If not satisfied, the grievant may appeal to the Superintendent or designee (Use Appeal - Form B).

Level 3: Response by the Superintendent or designee must be given in writing (Superintendent to use the space provided for on Appeal - Form B).

Level 4: If the grievant is not satisfied at this level, an appeal may be made to the Board of Education (Use Appeal - Form C).

- Board hearing shall be conducted so as to accord due process to all parties involved in the complaint such as written notice of hearing dates, right to counsel, right to present witnesses, right to cross-examine and to present written statement. The decision of the Board shall be by a majority of the members at a meeting which shall be public.

1. The Board of Education of Burlington County Special Services School District and Burlington County Institute of Technology shall respond to the grievant (Use space provided for an Appeal - Form C).
2. If the grievant is not satisfied with the Board's decision, the grievant can have it referred to the County Superintendent of Schools.
3. If after all steps are taken above, the grievant maintains the right to submit the complaint directly to any of the following agencies:
  - The Commissioner of Education  
Bureau of Controversies and Disputes  
New Jersey Department of Education  
PO Box 500  
Trenton, NJ 08625  
Phone: (609) 292-5705
  - Equal Employment Opportunity Commission Newark District Office  
1 Newark Center, 21st Floor  
Newark, NJ 07102  
Phone: (800) 669-4000 or (973) 645-6383
  - U.S. Office for Civil Rights  
U.S. Department of Education  
32 Old Slip, 26th Floor  
New York, NY 10005-2500  
Phone: (646) 428-3900 or TDD: (877) 521-2172  
Email: [NewYork@ed.gov](mailto:NewYork@ed.gov)
  - New Jersey Division on Civil Rights  
140 East Front Street, 6th Floor  
PO Box 090  
Trenton, NJ 08625-0090  
Phone: (609) 292-4605 or TDD: (609) 292-1785

**GRIEVANCE REPORT - FORM A and COVER SHEET**

STEP #1

FROM: \_\_\_\_\_, Grievant

TO: \_\_\_\_\_, Affirmative Action  
Officer

DATE: \_\_\_\_\_

**DESCRIPTION OF HAPPENING:**            **(notes here, report attached)**

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\_\_\_\_\_

(Signature)

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**Notice of Harassment/Discrimination Complaint**  
(Form A)

***Directions:*** If you believe that you have been unlawfully harassed/ discriminated against, please fill out this form and return it to the Affirmative Action Officer. If more space is necessary, please continue your comments on the back of this form.

Name: \_\_\_\_\_ Date of complaint: \_\_\_/\_\_\_/\_\_\_

School: \_\_\_\_\_ Job Title: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

**Basis of Discrimination:**

Sex (Gender)  Race  Color  Age  Religion  Creed  National Origin  Disability

Sexual Orientation  Marital or Veteran Status or any other legally protected classification.

Individual(s) who allegedly committed harassment/discrimination:

a.)

\_\_\_\_\_

b.)

\_\_\_\_\_

c.)

\_\_\_\_\_

1. Describe the nature of your complaint. Include dates and as much detail as possible.

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2. Why do you believe this action was taken against you?

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3. Identify all employees/students/or others with knowledge of the conduct about which you are complaining:

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4. Did employees/students/or others listed on the previous page personally observe or overhear the alleged conduct? If yes, please indicate the dates of observed/overheard behavior.

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5. Are there documents or emails which contain information supporting the occurrences described above?

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6. Is there any physical evidence that supports your complaint? If so, please describe or attach a copy.

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7. Have you missed any work time/class time as a result of the alleged harassment/discrimination? If yes, please indicate dates of absences.

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8. Have you received any counseling or received medical treatment as a result of this alleged harassment? If yes, indicate dates of counseling/treatment.

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9. Have you previously complained about this or related acts of sexual harassment/discrimination to a District supervisor or official, or attempted to remediate the issue? If so, please identify the individual to whom you complained, steps of remediation, the date of the complaint, and the resolution of your complaint or attempts at remediation.

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10. What is your requested remedy in this complaint?

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11. Are there any other individuals you want the District to contact regarding your complaint? If so, who do you wish contacted and why?

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**Acknowledgment**

To investigate your complaint, it will be necessary to interview you, the alleged harasser(s), and any witnesses with knowledge of the allegations or defenses. The District will notify all persons involved in the investigation that it is confidential and that unauthorized disclosures of information concerning the investigation could result in disciplinary action, up to and including termination of employment.

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the District deems relevant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**APPEAL - FORM B**

Grievance  
Number \_\_\_\_\_

FROM: \_\_\_\_\_, Grievant

TO: \_\_\_\_\_, AAO

DATE: \_\_\_\_\_

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

\_\_\_\_\_  
(Signature)

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

STEP #4

Grievance  
Number \_\_\_\_\_

TO: \_\_\_\_\_, Grievant

FROM: \_\_\_\_\_, AAO

DATE: \_\_\_\_\_

**RESPONSE TO GRIEVANT' S APPEAL:**

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(Date Appeal Received)

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(Affirmative Action Officer)

**SECOND APPEAL - FORM C**

Grievance  
Number \_\_\_\_\_

FROM: \_\_\_\_\_, Grievant

TO: \_\_\_\_\_, AAO

DATE: \_\_\_\_\_

The attached Grievance Forms A and B, are hereby submitted for the Board of Education's review pertaining to my complaint.

\_\_\_\_\_

(Signature)

STEP #6

Grievance  
Number \_\_\_\_\_

TO: \_\_\_\_\_, Grievant

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

RESPONSE TO SECOND APPEAL:

\_\_\_\_\_

(Date Appeal Received)

\_\_\_\_\_

(Affirmative Action Officer)