

Garfield School District Affirmative Action Grievance Procedure

Under Title IX, each school district must have a written, and publicized grievance procedure for handling complaints alleging sex discrimination. Students, parents, and employees must be fully informed of the steps in the grievance process. It is strongly recommended that discrimination grievance procedures allow for complaints on the basis of race, color, creed, religion, national origin, affectional or sexual orientation, ancestry, socioeconomic status, as well as sex.

Title IX does not specify a particular structure for the grievance procedure; it does require that the procedure provide for the “*prompt and equitable resolution of students and employee complaints*”. Therefore, all procedures must include reasonable timelines for the initiation and resolution of a grievance.

Any person who believes that he/ she has been discriminated against may also file a complaint with the Office for Civil Rights of the Department of Education at the same time a grievance is filed during or after the grievance process, or without using the school district process at all. A person may also file a grievance with the New Jersey Division on Civil Rights.

<u>Definition:</u>	<i>Grievance-</i>	A formal written complaint
	<i>Grievant-</i>	Any student, employee, or parent aggrieved by a decision or condition falling under the guidelines of federal and/ or state anti- discrimination laws.
	<i>Respondent-</i>	Individual which the claim is against
	<i>Grievance Number-</i>	Number assigned to each case. (School Year- Number of case of that year. Ex: 2016/2017-01)
	<i>Affirmative Action Coordinator-</i>	The district employee designated to coordinate efforts with antidiscrimination legislation and charged with the responsibility of overseeing investigations for non certified staff members.
	<i>Affirmative Action Officer-</i>	The district employee designated to coordinate efforts with antidiscrimination legislation and charged with the responsibility of overseeing all investigations.

Procedure:

The District Affirmative Action Officer has the authority to conduct interviews and investigate any alleged Affirmative Action claims. This includes both certified, non certified staff members, and anyone that wishes to file a claim. In the event the grievant is a non certified staff member (paraprofessional, aide, security, bus driver, and custodians), student, parent, or anyone who is in contact with the district, the District Affirmative Action Coordinator may conduct the interviews and investigate.

Level 1: Affirmative Action Coordinator and/or Officer

1. The grievant shall submit in writing the grievance and identify the affirmative action area(s) being violated. (State of New Jersey Civil Service Commission Office of Equal Employment Opportunity and Affirmative Action Discrimination Complaint Processing Form). *Please note: Question 9 must be answered and explained. Failure to clearly select and explain can result in termination of the complaint.*

2. The District Affirmative Action Coordinator and/or Officer has ten working ten days in which to investigate and respond to the grievant. (Affirmative Action Coordinator and/or Officer is to use the space provided on Grievance Report Response- Form B)

3. If not satisfied, the grievant may appeal within three school days and he/she can resubmit the alleged violation to the Superintendent of Schools.(Grievant is to use the space provided on Grievance Appeal Response-Form C)

Level 2: Superintendent of Schools

1. The grievant shall resubmit in writing the original grievance and identify the affirmative action area(s) being violated, as well as the Affirmative Action Coordinator/Officers' response received at Level 1.

2. The Superintendent of Schools has ten working days in which to investigate and respond to the grievant. (Superintendent of Schools is to use the space provided on Grievance Report Response- Form D)

3. If not satisfied, the grievant may appeal within three school days and he/she can resubmit the alleged violation, as well as responses and appeals, to the Board of Education(Grievant is to use the space provided on Grievance Appeal Response- Form E)

Level 3: Board of Education

1. The grievant shall submit in writing the grievance and identify the affirmative action area(s) being violated, as well as the Superintendents' response received at Level 2.

2. The Board of Education has ten working days in which to investigate and respond to the grievant. (Board of Education president is to use the space provided on Grievance Report Response- Form F)

3. If the grievant is not satisfied with the Board's decision, the grievant can have it referred to the County Superintendent of Schools. (Grievant is to use the space provided on Grievance Appeal Response- Form G)

Level 4: County Superintendent of Schools

Bergen County Office of Education
One Bergen County Plaza
3rd Floor, Room 350
Hackensack, NJ 07601

Mr. Joseph Zarra, Interim Executive County Superintendent
phone: (201) 336-6875
fax: (201) 336-6880

The grievant maintains the right to by-pass the grievance procedure and submit the complaint directly to any or all the following agencies.

1. The Commissioner of Education
Bureau of Controversies and Disputes
New Jersey Department of Education
PO Box 500
Trenton, New Jersey 08625
Phone: (609) 292- 5705
2. Equal Employment Opportunity
Commission Newark District Office
1 Newark Center, 21st Floor
Newark, New Jersey 07102
Phone: (800) 669-4000 or (973) 645 6383
3. 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
4. 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

State of New Jersey Civil Service Commission
Office of Equal Employment Opportunity and Affirmative Action
Discrimination Complaint Processing Form

INSTRUCTIONS: This complaint form can be completed by a complainant or with the assistance of the Equal Employment Opportunity/Affirmative Action Officer or the alternate designee for the State department, agency, commission, or State college/university where you work or applied for employment.

For detailed information on the complaint process, see the State of New Jersey Model Procedures for Processing Internal Complaints Alleging Discrimination in the Workplace (Model Procedures) on Page 2 of this form.

1. Name:	2. Name of State Dept., Agency, Commission or College:	3. Telephone (Work):
4. Job Title:	5. Division / Office / Facility:	6. Telephone (Home):
7. Home Address:	8a. Full name, title, and telephone number of person(s) you believe discriminated against you:	
8. Date(s) of discriminatory action(s):		
8c. Complainant's Status (Check applicable box):		
<input type="checkbox"/> Employee <input type="checkbox"/> Job Applicant <input type="checkbox"/> Vendor/Contractor <input type="checkbox"/> Other (Please specify) _____		
9. Basis of Discrimination:		
<input type="checkbox"/> Age <input type="checkbox"/> Affectional/Sexual Orientation <input type="checkbox"/> Ancestry <input type="checkbox"/> Atypical Hereditary Cellular or Blood Trait <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Disability <input type="checkbox"/> Domestic Partnership Status	<input type="checkbox"/> Familial Status <input type="checkbox"/> Gender Identity or Expression <input type="checkbox"/> Genetic Information (including refusal to submit to or provide results of a genetic test) <input type="checkbox"/> Liability for Military Service <input type="checkbox"/> Marital /Civil Union Status <input type="checkbox"/> Nationality <input type="checkbox"/> National Origin	<input type="checkbox"/> Pregnancy <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sex/Gender <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Retaliation (for having filed a discrimination complaint, participating in a complaint investigation, or for opposing a discriminatory practice)
10a. Explain why you feel you have been discriminated against: <input type="checkbox"/> CHECK IF ADDITIONAL SHEETS ARE ATTACHED		
10b. Were the actions or behavior you are complaining about directed at, or said to, you <input type="checkbox"/> and/or another party <input type="checkbox"/> (third party harassment)?		
10c. Was the incident reported to anyone? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who and when?		
10d. What remedy or resolution are you seeking?		
10e. If appropriate, as determined by the EEO Officer, are you willing to attempt to resolve your complaint through mediation or another alternative dispute resolution (ADR) process? <input type="checkbox"/> YES <input type="checkbox"/> NO		
10f. Complainant's Signature: _____		Date: _____
11. Have you filed a discrimination complaint with the • N.J. Division on Civil Rights? <input type="checkbox"/> YES <input type="checkbox"/> NO • U.S. Equal Employment Opportunity Commission? <input type="checkbox"/> YES <input type="checkbox"/> NO		12. Have you filed a grievance on the issues / personnel actions described? <input type="checkbox"/> YES <input type="checkbox"/> NO
13. Completion of this part is voluntary. The information is to be used only for State and Federal record keeping and reporting requirements:		
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
RACE: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Note: In addition to filing an internal complaint, a complainant has a right to use external complaint filing procedures available under State law (with the NJ Division on Civil Rights) and federal law (with the US Equal Employment Opportunity Commission). Detailed information is contained in the Model Procedures found on Page 2 of this form.		
DO NOT WRITE BELOW THIS LINE		
EEO/AA Officer Signature: _____		Date Received: _____

Grievance Report Response- Form B

(To be filled out by the Affirmative Acton Coordinator and/or Officer ONLY)

Grievance Number: _____

To: _____, Grievant

From: _____, Affirmative Action Coordinator
Affirmative Action Officer

Date: _____

Response to Grievant:

(Affirmative Action Coordinator/ Officer Signature)

(Date)

(Grievant Signature)

(Date)

Grievance Appeal Response- Form C

(To be filled out by the Grievant)

Grievance Number: _____

To: _____, Affirmative Action
Coordinator/ Officer

From: _____, Grievant

Date: _____

Response to Affirmative Action Coordinator/ Officers' Report:

(Grievant Signature)

(Date)

(Affirmative Action Coordinator/ Officers' Signature)

(Date)

Grievance Report Response- Form D

(To be filled out by the Superintendent of Schools)

Grievance Number: _____

To: _____, Grievant

From: _____, Superintendent of Schools

Date: _____

Response to Grievant Appeal:

(Superintendent of Schools Signature)

(Date)

(Grievant Signature)

(Date)

Grievance Appeal Response- Form E

(To be filled out by the Grievant)

Grievance Number: _____

To: _____, Superintendent of Schools

From: _____, Grievant

Date: _____

Response to Superintendent of Schools Report:

(Grievant Signature)

(Date)

(Superintendent of Schools)

(Date)

Grievance Report Response- Form F

(To be filled out by the President of the Board of Education)

Grievance Number: _____

To: _____, Grievant

From: _____, Garfield Board of Education
President

Date: _____

Response to Grievant Appeal:

(Garfield Board of Education President)

(Date)

(Grievant Signature)

(Date)

Grievance Appeal Response- Form G

(To be filled out by the Grievant)

Grievance Number: _____

To: _____, **Garfield Board of Education
President**

From: _____, **Grievant**

Date: _____

Response to the Garfield Board of Education President decision:

(Grievant Signature)

(Date)

(Garfield Board of Education President Signature)

(Date)