

**Form**

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GRIEVANCE REPORT – FORM A (TO A.A. OFFICER, SUPERINTENDENT)

STEP #1

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

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

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

DESCRIPTION OF HAPPENING:

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

.....

(This portion to be used by Affirmative Action Officer ONLY)

STEP #2

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

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

FROM: \_\_\_\_\_, Affirmative Action Officer

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

RESPONSE TO GRIEVANT:

\_\_\_\_\_  
(Date Grievance Received)

\_\_\_\_\_  
(Affirmative Action Officer)