RINGWOOD BOARD OF EDUCATION

Adoption Date: June 24, 2024

DGBA-E1

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GRIEVANCE REPORT

FORM A

Step#	1	
	FROM:	Name of Grievan
	BUILDING AND ASSIGNMENT:	
	Date cause of grievance occurred:	
	School district policy alleged to have been violated:	
	Statement of grievant's claim (statement of facts upon necessary):	
	Relief Desired:	
		Signature
		Date
*****	*************	
	(To be used by Grievance Officer Only)	
	(to be assigned only if forwarded)	
	DATE FORWARDED:	
	RESPONSE TO GRIEVANCE:	
		Signature of Grievance Officer
		Date

Revision Date(s):

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GRIEVANCE REPORT (Cont.)

APPEAL FORM B

Step #3		GRIEVANCE #(assigned by grievance officer)
	FROM:	
	FROM: Grieving F	Person
	TO.	
	Superintendent	or District Officer
	SUBJ:	
	*Type of Gri	
	DATE:	
	* The Grievance Report (Form A) must b	
***		Signature
*******	*****************	*************
Step #4		
	DATE APPEAL RECEIVED	
	· · · · · · · · · · · · · · · · · · ·	
	RESPONSE TO APPEAL:	Signature of Supt. or District Officer
	RESPONSE TO APPEAL:	
	RESPONSE TO APPEAL:	Signature of Supt. or District Officer
	RESPONSE TO APPEAL:	Signature of Supt. or District Officer