

**ERIE 1 BOCES
GRIEVANCE FORM**

Grievant's Name _____ Filing Date _____

Address _____ Basis of Discrimination as defined by
_____ Office of Civil Rights (check one)

Tel No. _____ () Race () Sex
() Color () Age
() Religion () Disability
() Sexual Orientation
() National Origin
() Veteran Status
() Marital Status
() Political Affiliation

Nature of Grievance (State briefly the essential facts which are the basis of the complaint - who did what? when? how does this action constitute discrimination? names of witnesses? etc.)

Desired Remedy (If the grievance is found to be valid, what is the resolution which you expect?)

(Signature of Grievant) Date

Please Return to Director of Human Resources Nancy Bojanowski. She is available from 8 a.m. - 4p.m., Monday-Friday, at Erie 1 BOCES, 355 Harlem Road, West Seneca, NY 14224, (716) 821-7006, nbojanowski@e1b.org.

1) Form received by Compliance Officer: _____
Date Signature

2) Recommendation sent to District Superintendent _____
Date Signature of Compliance Officer

3) District Superintendent sends report to Grievant _____
Date District Superintendent's Signature

(Continued)

**ERIE 1 BOCES
GRIEVANCE FORM (Cont'd.)**

Name of Grievant: _____

Date Grievance Received: _____

Nature of Grievance:

Findings:

Recommendation:

(Continued)

**ERIE 1 BOCES
GRIEVANCE FORM (Cont'd.)**

Name of Grievant: _____

Date Grievance Received by District Superintendent: _____

Discussion:

Decision:

District Superintendent's Signature

Date

Sent to Grievant: _____
Date

c: Complaint Officer

(Continued)

**ERIE 1 BOCES
GRIEVANCE FORM (Cont'd.)**

Name of Grievant: _____

Date received decision of the District Superintendent: _____

- () I am satisfied with the decision and/or remedial action taken by the District Superintendent.
- () I am dissatisfied with the decision/remedial action (Remarks may be added below.)

Grievant's Signature

Date

Remarks: _____

c: Complaint Officer