

Affirmative Action Grievance Procedure





HOBOKEN BOARD OF EDUCATION

OFFICE OF DIVERSITY, EQUITY AND INCLUSION

1100 Willow Avenue ❖ Hoboken, NJ 07030 ❖ 201.356.3623 ❖ Fax: 201.356.3655

Dr. Tamika A. Pollins
Director
tamika.pollins@hoboken.k12.nj.us

Grievance Procedure

Purpose

To provide students, employees, and parents 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, gender identity, gender expression, ancestry, national origin, disability, or socioeconomic status.

Definitions

Grievance - A formal written complaint.

Grievant - Any student, employee, or parent 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 antidiscrimination legislation and charged with the responsibility of investigating complaints.

Dr. Tamika A. Pollins is the District Affirmative Action Officer for the Hoboken Public Schools. Should you have questions, concerns or would like to request grievance forms, please contact Dr. Tamika A. Pollins by email (tpollins@hoboken.k12.nj.us) or by phone (201-356-3623).

Procedure

Level 1 - The grievant must present the complaint in written form (complete form A) to the responsible person designated as the Affirmative Action Building Representative, or the grievant may present his/her concern directly to the District Affirmative Action Officer, Dr. Tamika A. Pollins.

Level 2 - The Affirmative Action Building Representative/District Affirmative Action Officer has five working days from the time the complaint is received to investigate and provide a response. Depending on the nature of the investigation, additional time may be needed and the grievant will be notified accordingly.



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Level 3 - If the grievant is not satisfied, the grievant may appeal within ten-working days (complete form B) to the District Superintendent, Dr. Christine Johnson by email (cjohnson@hoboken.k12.nj.us)

Level 4 - Response by the Superintendent or designee must be given within five working days from the time the appeal is received by the Superintendent.

Level 5 - If the grievant is not satisfied at this level, an appeal may be made (complete Appeal Form C) within ten working days to the Hoboken Board of Education, which will hear the complaint at the next regular meeting or within thirty calendar days of receiving the appeal. The appeal can be written in business letter format with documentation from levels 1-4 attached.

A Local Board hearing shall be conducted in executive session 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.

Level 6– The Hoboken Board of Education shall respond to the grievant within thirty calendar days from the hearing date.

Level 7 - If the grievant is not satisfied with Board's decision, the grievant can have it referred to the County Superintendent of Schools.

Hudson County Office of Education
830 Bergen Avenue
Suite 7B
Jersey City, NJ 07306-4507
Ms. Melissa Pearce, Interim Executive County Superintendent
phone: (201) 369-5290
Fax: (201) 369-5288

Level 8 - The grievant maintains the right to by-pass the grievance procedure and submit the complaint directly to any or all of the following agencies:



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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
Email: OCR.NewYork@ed.gov
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



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Hoboken Public School District

Affirmative Action Team

Name	Location
Tamika A. Pollins -AAO	Wallace School
Sandra Rodriguez- Gomez	Central Office - Calabro
Damien Arnone	Central Office - Calabro
Nory Rojas	Central Office - Calabro
Timothy Calligy	Central Office - Demerest
Jessica Hosbach	Brandt School
Ashley Babilonia	Brandt School
Milana Ayers	Connors School
David White	Connors School
Geidy DelaRosa	Hoboken High School
Susan Weiner	Hoboken High School
Tara Donnelly	Hoboken Middle School
Kevin Metcalfe	Hoboken Middle School
Allison Lemberg	Wallace School
Carrie Ellis	Wallace School



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Affirmative Action Grievance Complaint Form A

Complainant Information *(Please complete all information in print of typed)*

Name	Last Name	First Name	Middle Name
Address	Number and Street	City	State/Zip Code
Phone	Home Phone	Work Phone	Cell Phone

Date of Complaint	Job Title of complainant and employment location		
Name of person(s) this complaint is against	Is/Are the person(s) named in this complaint a County employee?		If yes, what is the person(s)'s job title, and work address? If no, identify the person's employer.
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

1. Do you believe that you were harassed or discriminated against based upon your sex, race, religion, age, pregnancy, national origin, sexual orientation, gender identity or some other personal characteristic? If so, please describe in detail the basis for your claim, including but not limited to the date(s), time(s) and location(s) of the alleged harassing and/or discriminatory incident(s).



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2. If this is not a harassment/discrimination complaint as outlined above, for example if you are reporting alleged improper, illegal or unethical conduct of another employee or supervisor or a hostile work environment, describe in detail the basis for the complaint, including but not limited to the date(s), time(s) and location(s) of the alleged misconduct.

3. Have you reported or discussed the conduct which forms the basis of this complaint with a supervisor? If so, please provide the name of the supervisor and the date of your report or discussion?

4. Was any action taken in response to your report or discussion? If so, give a description of the action taken.

5. Have you discussed the conduct which forms the basis of this complaint with any co-worker? If so, please identify the co-worker and the details of your discussion.

6. Has any other co-worker been subjected to the same type of alleged harassment, hostile work environment or discrimination which forms the basis of this complaint? If so, identify that co-worker(s) and summarize the nature of the harassment or discrimination which they experienced and the dates and location where it occurred.



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7. If there have been any witnesses to the conduct which forms the basis for this complaint, kindly provide the information requested below.

Provide the name of the witness(es) to incident(s) and contact telephone number.	Describe what the witness(es) observed along with the date(s), time(s) and location of such observations.

8. Describe any actions taken by you or any co-worker, if applicable, in response to the conduct which forms the basis for this complaint.

9. Please attach copies of any documents in your possession that relate in any way to this complaint. If there are relevant documents not in your possession, please identify them below.

a.

b.

c.



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10. Please describe any other information that you believe is pertinent to this matter.

To investigate your complaint, it will be necessary to interview you, the alleged harasser(s), and any witnesses with knowledge of the allegations of defenses. The District will notify all persons involved in the investigation that is confidential and that unauthorized disclosures of the 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 to the District deems relevant.

Signature of the complainant	Date
Signature and title of the person receiving the complaint	Date and location of the receipt of this complaint
Signature of interviewer	Date and location of interview



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**Affirmative Action Grievance
Appeal Form B Cover Sheet
Attach Complaint Form A for Appeal to the Superintendent**

Grievance Number: _____

From: _____, **Grievant**

To: _____, **AAO**

Date: _____

Signature: _____

This portion will be completed by the Affirmative Action Officer

The Affirmative Action Officer will attach a response to this appeal upon the completion of the Superintendent's review.

To: _____, **Grievant**

From: _____, **AAO**

Date appeal was received: _____

Date appeal was reviewed: _____

Signature: _____



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**Affirmative Action Grievance
Second Appeal Form C Cover Sheet**
Attach Complaint Form A and B for Appeal to the Board of Education for review

Grievance Number: _____

From: _____, **Grievant**

To: _____, **AAO**

Date: _____

Signature: _____

This portion will be completed by the Affirmative Action Officer

The Affirmative Action Officer will attach a response to this appeal upon the completion of the review by the Board of Education.

To: _____, **Grievant**

From: _____, **AAO**

Date second appeal was received: _____

Date second appeal was reviewed: _____

Signature: _____