



HADDONFIELD BOARD OF EDUCATION  
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AFFRIMATIVE ACTION GRIEVNCE APPEAL - FORM B

STEP #3 Grievance  
Number \_\_\_\_\_

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

TO: \_\_\_\_\_, Designee

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

Healthy Workplace Environment Report Form A is hereby attached for APPEAL to the Superintendent.

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

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(This Portion to be used by Designee ONLY)

STEP #4 Grievance  
Number \_\_\_\_\_

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

FROM: \_\_\_\_\_, AAO

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

RESPONSE TO GRIEVANT' S APPEAL:

\_\_\_\_\_  
(Date Appeal Received)

\_\_\_\_\_  
(Designee)