

Sandman Consolidated School  
838 Seashore Road  
Cape May, NJ 08204  
Telephone: (609) 884-9410  
Fax: (609) 884-9412

**LOWER TOWNSHIP ELEMENTARY SCHOOL DISTRICT**

834 SEASHORE ROAD  
CAPE MAY, NEW JERSEY 08204

TELEPHONE: (609) 884-9400  
FAX: (609) 884-1821  
www.lowertwpschools.com

Memorial School  
2600 Bayshore Road  
Villas, NJ 08251  
Telephone: (609) 884-9430  
Fax: (609) 886-0515

Maud Abrams School  
714 Town Bank Road  
Cape May, NJ 08204  
Telephone: (609) 884-9420  
Fax: (609) 884-9421

Carl T. Mitnick School  
905 Seashore Road  
Cape May, NJ 08204  
Telephone: (609) 884-9470  
Fax: (609) 898-9481

# GRIEVANCE REPORT – FORM A

STEP #1

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

TO: GEORGE DROZDOWSKI, 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: GEORGE DROZDOWSKI, AFFIRMATIVE ACTION OFFICER

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

RESPONSE TO GRIEVANT:

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

\_\_\_\_\_  
(George Drozdowski, Affirmative Action Officer)

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# GRIEVANCE APPEAL – FORM B

STEP #3

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

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

TO: SUPERINTENDENT/SUPERINTENDENT'S DESIGNEE

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

*Grievance Report Form A is hereby attached for APPEAL to the Superintendent.*

REASON FOR APPEAL:

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

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(This Portion to be used by Superintendent/Designee ONLY)

STEP #4

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

FROM: SUPERINTENDENT/SUPERINTENDENT'S DESIGNEE

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

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

RESPONSE TO GRIEVANT'S APPEAL:

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

\_\_\_\_\_  
(Superintendent/Designee)

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**GRIEVANCE SECOND APPEAL - FORM C**

STEP #5

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

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

TO: BOARD OF EDUCATION

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

*The attached Grievance Forms A and B, are hereby submitted for the Board of Education's review pertaining to my complaint.*

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

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STEP #6

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

FROM: BOARD OF EDUCATION

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

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

RESPONSE TO SECOND APPEAL:

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

\_\_\_\_\_  
(Board of Education President)