HIGHLAND PARK PUBLIC SCHOOLS
www.hpschools.net

AFFIRMATIVE ACTION
APPEAL - FORM B

Grievance Number: _____

FROM: _____, *Grievant*

TO: Jennifer Knapp, *Affirmative Action Officer*

DATE: _____

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

_____
Signature of Grievant

(This Portion To Be Used By Affirmative Action Officer ONLY)

Grievance Number: _____

TO: _____, *Grievant*

FROM: Jennifer Knapp, *Affirmative Action Officer*

DATE: _____

RESPONSE TO GRIEVANT'S APPEAL:

_____ _____
Date Appeal Received Signature of Affirmative Action Officer