Form B GRIEVANCE APPEAL

TO: President, Bishop State Community College

FROM:		
DEPARTMENT/PROGRAM:		
ADDRESS:	PHONE:	
CITY:	STATE:	ZIP:
PART I. NOTICE OF APPEA	AL.	
Nature of grievance being appea	ıled:	
		commendation(s) of Report of the Committee of documents and include photocopy of report. Use
Complainant		
COPY TO: President, Bishop State Co PART II. PRESIDENT'S	ommunity College Respondent(s) to Grieva REPORT	ance (if other than College)
то:		
ADDRESS:	PHONE:	
CITY:	STATE:	ZIP:
FROM: President		
Date Appeal Received:	Date of Report:	
Response to Appeal:		
COPY TO: President, Bishop State Co	ommunity College	
Respondent(s) to Grievance (if other th	han College)	