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| **Form B GRIEVANCE APPEAL** |
| **TO: President, Bishop State Community College** |
| **FROM: DEPARTMENT/PROGRAM:**  |
| ADDRESS: PHONE: CITY: STATE: ZIP:  |
| **PART I. NOTICE OF APPEAL** |
| Nature of grievance being appealed:  |
| Appeal Statement(s): (Please specify objection(s) to finding(s), conclusion(s), or recommendation(s) of Report of the Committee or Title IX Coordinator and/or report arising from grievance hearing. Attach any supporting documents and include photocopy of report. Use additional sheets if necessary.) |
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| **Complainant**  |
| COPY TO: President, Bishop State Community College Respondent(s) to Grievance (if other than College) |
| **PART II. PRESIDENT’S REPORT** |
| **TO:** **ADDRESS: PHONE: \_ CITY: STATE: ZIP:**  |
| FROM: President  |
| Date Appeal Received: Date of Report:  |
| Response to Appeal:  |
|  |
| President  |
| COPY TO: President, Bishop State Community College |
| Respondent(s) to Grievance (if other than College) .......................................................................................Revised August 2015 |