

**BISHOP STATE COMMUNITY COLLEGE  
GRIEVANCE APPEAL FORM (B)**

TO: PRESIDENT \_\_\_\_\_

FROM: \_\_\_\_\_

DEPARTMENT/PROGRAM \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

**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 Dean/Department or Division Chair of Bishop State Community College and/or report arising from grievance hearing. Attach any supporting documents and include copy of report. (Use additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Complainant

(Submit original and two copies to the President or President's Designee.)

**PART II. REPORT OF PRESIDENT**

TO: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

FROM: PRESIDENT \_\_\_\_\_

DATE APPEAL RECEIVED \_\_\_\_\_ DATE OF REPORT \_\_\_\_\_

RESPONSE TO APPEAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
President

COPY TO: Grievance Coordinator