

**BISHOP STATE COMMUNITY COLLEGE
GRIEVANCE APPEAL TO CHANCELLOR (FORM C)**

TO: CHANCELLOR _____

FROM: _____

DEPARTMENT/PROGRAM _____

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 President 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

PART II: CHANCELLOR'S REPORT

TO: _____

HOME ADDRESS: _____

FROM: CHANCELLOR _____

DATE APPEAL RECEIVED _____ DATE OF REPORT _____

RESPONSE TO APPEAL: _____

Chancellor

COPY TO:

President, Bishop State Community College
Respondent(s) to Grievance (if other than College)