

**BISHOP STATE COMMUNITY COLLEGE
GRIEVANCE REPORT (FORM A)**

TO: DEAN/DEPARTMENT OR DIVISION CHAIR: _____

FROM: _____

DEPARTMENT/PROGRAM: _____

HOME ADDRESS: _____

HOME PHONE: _____

PART I. GRIEVANCE

Date(s) of occurrence(s) upon which grievance is based: _____

Description of Grievance: (If complainant is alleging a violation based on gender, handicap or disability, complainant should include a reference to the pertinent section(s), if known, of the relevant statute of regulation. (Use additional pages, if necessary, to describe grievance.)

Complainant

PART II. REPORT OF DEAN/DEPARTMENT OR DIVISION CHAIR

TO: _____

HOME ADDRESS: _____

FROM: _____ DATE: _____

(Dean/Department or Division Chair)

Response to Grievance stated above: (attach additional pages or documents, if necessary.)

- a) Findings and conclusion of hearing officer/committee;
- b) Proposed actions by College in response to report of hearing officer/committee

(Dean/Department or Division Chair)

Copy To:

President

Grievance Coordinator