GRIEVANCE REPORT (Cont.)

APPEAL

FORM B

Step #3

GRIEVANCE #_________________________

(Assigned by grievance officer)

FROM:___________________________________________

Grieving Person

TO:____________________________________________

Superintendent or District Officer

SUBJECT:__________________________________________________________________________________

*Type of Grievance

DATE:_________________

* The Grievance Report (Form A) must be attached.

Signature:_______________________________________

****************************************************************************************

Step #4

DATE APPEAL RECEIVED:_____________________

DATE OF RESPONSE TO APPEAL:_______________

RESPONSE TO APPEAL: ___________________________________________

_____________________________________

Signature of Supt. or District Officer

Date:________________