

GRIEVANCE REPORT - FORM A

College: _____

Location: _____

TO: (Dean/Department/Division Chair) _____

FROM: _____

Home Address: _____

Home Telephone Number: _____

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 or regulation.] [Use additional pages if necessary, to describe grievance.]

Complainant's Signature: _____

(Submit original and two (2) copies to the Dean, Department, or Division Chair.)

PART II. REPORT OF DEAN, DEPARTMENT, OR DIVISION CHAIR

TO: _____

Home Address: _____

FROM: (Dean/Department/Division Chair) _____ Date: _____

Responses to Grievance State Above: (Attach additional pages or document(s), if necessary.)

1. Findings and conclusions of hearing officer/committee:

2. Proposed actions by College in response to report of hearing officer/committee:

Dean/Department/Division Chair's Signature: _____

COPY TO: _____ GRIEVANCE COORDINATOR