

Southern Union State Community College

GRIEVANCE APPEAL – FORM B

IMPORTANT NOTICE TO GRIEVANT: In order for this Appeal to be considered, it must be received by the President of Southern Union State Community College by not later than the close of the business day fifteen (15) days after your receipt of the Report of the findings, conclusions, and recommendations of the Hearing Officer or Hearing Committee who heard your Grievance.

TO: President

FROM: _____, Grievant

DEPARTMENT/PROGRAM: _____

Student _____ or Employee _____

Home Address: _____

Home Phone Number: _____ Work Phone Number: _____

APPEAL STATEMENT: [Please include a copy of the Report of the Hearing Officer or Committee which heard your Grievance. Please specify each objection which you have to the finding(s), conclusion(s), and/or recommendations(s) of the Report. A failure to state a specific and reasonable objection will cause the appeal to be denied without a review. Use additional sheets, if necessary. Please also attach or enclose any additional document(s), photo(s), audio or video tape(s), etc., which are supportive of your Appeal.]

Grievant Filing Appeal

Date: _____

GRIEVANT MUST SEND A COPY OF THIS APPEAL TO:
College Grievance Officer
Each Respondent to Grievance (if other than College)