

Form

FIRST APPEAL FORM B- TO BOARD OF EDUCATION

Grievance Number _____

FROM: _____, Grievant

TO: _____, Affirmative Action Officer

DATE: _____

“Grievance Report Form A is hereby attached for APPEAL to the Superintendent.”

(Signature)

(This portion to be used by Affirmative Action Officer ONLY)

Grievance Number _____

TO: _____, Grievant

FROM: _____, Affirmative Action Officer

DATE: _____

RESPONSE TO GRIEVANT’S APPEAL:

(Date Appeal Received)

(Affirmative Action Officer)