

**Form**

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SECOND APPEAL FORM C – TO EXECUTIVE COUNTY SUPERINTENDENT

Grievance Number \_\_\_\_\_

FROM: \_\_\_\_\_, Grievant

TO: \_\_\_\_\_, Affirmative Action Officer

DATE: \_\_\_\_\_

The attached Forms A and B, are hereby submitted for your information, pertaining to my complaint.

\_\_\_\_\_  
(Signature)

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Grievance Number \_\_\_\_\_

TO: \_\_\_\_\_, Grievant

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

RESPONSE TO SECOND APPEAL:

\_\_\_\_\_  
(Date Appeal Received)

\_\_\_\_\_  
(Affirmative Action Officer)