

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

GRIEVANCE REPORT - FORM B

College: _____

Location: _____

TO: (President) _____

FROM: _____

DEPARTMENT/PROGRAM: _____

Home Address: _____

Home Telephone Number: _____

Part I. NOTICE OF APPEAL

Nature of Grievance Being Appealed: _____

Appeal Statement(s): [Please **specify** objection(s) to finding(s), conclusions(s), or recommendation(s) of Report of Dean/Department/Division Chair of College and/or Report arising from grievance hearing. Please attach any supporting documents. Please include photocopy of Report. Use additional sheets, if necessary.]

Complainant's Signature: _____

COPY TO: Dean/Department/Division Chair
Respondent(s) to Grievance (if other than College)

PART II. PRESIDENT'S REPORT

TO: _____

Home Address: _____

FROM: (President) _____

Date Appeal Received: _____ Date of Report: _____

Response to Appeal:

President's Signature: _____

COPY TO: Dean/Department/Division Chair
Respondent(s) to Grievance (if other than College)

GRIEVANCE APPEAL - FORM C

College: _____

Location: _____

TO: Chancellor, Alabama Department of Postsecondary Education

FROM: _____

DEPARTMENT/PROGRAM: _____

Part I. NOTICE OF APPEAL TO CHANCELLOR

1. Nature of Grievance Being Appealed: _____

2. Appeal Statement(s): This is an appeal of the President's Response to Complainant's Appeal submitted on Grievance Appeal - Form B and a request for a review by the Chancellor to review the President's Report (attached hereto) and the initial grievance report (also attached).

Complainant's Signature: _____

COPY TO: Dean/Department/Division Chair
President
Respondent(s) to Grievance (if other than College)

PART II. CHANCELLOR'S REPORT

TO: _____

Home Address: _____

FROM: Chancellor, Alabama Department of Postsecondary Education

Date Appeal Received: _____ Date of Report: _____

Response to Appeal:

Chancellor's Signature: _____

COPY TO: Dean/Department/Division Chair
President
Respondent(s) to Grievance (if other than College)