

**GRIEVANCE REPORT (Cont.)  
APPEAL  
FORM B**

Step #3

GRIEVANCE # \_\_\_\_\_  
(Assigned by grievance officer)

FROM: \_\_\_\_\_  
Grieving Person

TO: \_\_\_\_\_  
Superintendent or District Officer

SUBJECT: \_\_\_\_\_  
\*Type of Grievance

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

\* The Grievance Report (Form A) must be attached.

Signature: \_\_\_\_\_

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Step #4

DATE APPEAL RECEIVED: \_\_\_\_\_

DATE OF RESPONSE TO APPEAL: \_\_\_\_\_

RESPONSE TO APPEAL: \_\_\_\_\_

\_\_\_\_\_  
Signature of Supt. or District Officer

Date: \_\_\_\_\_