



# SNEAD STATE COMMUNITY COLLEGE

## Grievance Form B for Students

(May only be filed in the event of Grievance alleging discrimination of gender, race, or disability)

### Part One: Notice of Appeal to President

To: College President, Dr. Robert Exley

From: Grievant, \_\_\_\_\_ Student #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Nature of Grievance Being Appealed and Appeal Statements.** Please specify objection(s) to finding(s), conclusion(s), or recommendation(s) arising from Grievance Officer for Students' response and/or report. Attach any supporting documentation. Please include photocopy of report. Use additional pages if necessary.

\_\_\_\_\_  
Grievant's Signature

\_\_\_\_\_  
Date

Copy to: College President, College Grievance Officer for Students

### Part Two: President's Response

To: Grievant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

From: President, Dr. Robert Exley

**Response to appeal.** Use additional pages if necessary.

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

Copy to: Grievant, Respondent(s), College President, College Grievance Officer for Students

It is the policy of the Alabama Community College System and Snead State Community College that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied benefit of, or be subjected to discrimination under any program, activity, or employment.