

**AFFIRMATIVE ACTION
SECOND APPEAL - FORM C**

Grievance Number: _____

FROM: _____, *Grievant*

TO: Jennifer Knapp, *Affirmative Action Officer*

DATE: _____

“The attached Grievance Forms A and B, are hereby submitted for the Board of Education’s review pertaining to my complaint.”

Signature of Grievant

(This Portion To Be Used By Affirmative Action Officer ONLY)

Grievance Number: _____

TO: _____, *Grievant*

FROM: Jennifer Knapp, *Affirmative Action Officer*

DATE: _____

RESPONSE TO GRIEVANT’S SECOND APPEAL:

Date Second Appeal Received

Signature of Affirmative Action Officer