

INCOMPLETE FORMS WILL NOT BE ACCEPTED.

**GRIEVANCE APPEAL PETITION
FORM B**

COASTAL CAROLINA UNIVERSITY GRIEVANCE PROCEDURE

(NOTE: A copy of Grievance Petition Form A must be attached to this document.

*Questions with an *are required to be answered.)*

*GRIEVANT'S NAME: _____

*Date Grievant Received Decision of the Vice President: _____

*I. Identify in detail the basis for your appeal. (If you need additional space or have additional documents that you believe support your appeal petition, please attach them.):

*II. Identify the relief you are requesting from Coastal Carolina University:

*III. Identify the total number of pages you are submitting as part of this Appeal Petition: _____

*IV. Will you be represented by legal counsel? _____YES_____NO

I certify that the information contained in this Grievance Appeal Petition is true and accurate to the best of my knowledge.

*Grievant's Signature

Date