

DIVISION OF CONTINUING EDUCATION
STEP TWO COMPLAINT

For the Board: _____

Year: _____

Board No.: _____

TO: PRESIDENT _____

FROM: GRIEVANT _____

Grievance Issue(s) _____

I hereby appeal the Step One Decision of the Immediate Supervisor of _____
Community College.

Signature Date

Home Address (include zip code)

Telephone

cc: Joseph Rizzo, MCCC DCE Grievance Coordinator, 44 Governor Dinsmore Road,
Windham, NH, 03087

Michelle Gallagher, MTA Consultant for Higher Education, MCCC/MTA, 20 Ashburton
Place, Boston, Boston, MA 02108.

N.B. This appeal must be filed within ten (10) calendar days after receipt of the Step One
Decision.