

Form DCE-G5

DIVISION OF CONTINUING EDUCATION
STEP TWO GRIEVANCE

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: Miles B. Stern, MTA Consultant for Higher Education, MCCC/MTA, 20 Ashburton Place, Boston, MA 02108.

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

College Human Resources Office

N.B. This appeal must be filed within twenty (20) days after receipt of the Step One Decision.