

GRIEVANCE REVIEW FORM – STEP 3

South Dakota Board of Regents

Date: _____

I hereby request that the executive director review the attached decision made in connection with the attached grievance because:

I received the Step 2 decision on (date): _____

I will be represented in this grievance by:

COHE _____ Legal Counsel* _____ Myself _____

Signature of grievant: _____

Date of filing: _____

Received by: _____

Position title: _____

- If represented by legal counsel, indicate name, address and telephone number:
