

GRIEVANCE REVIEW FORM – STEP 4
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 (specify what mistakes of fact or law undercut the findings of the president at Step 3):

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

Attach copies of any documents you submitted at Steps 1, 2 or 3A, together with written responses received at those steps. For grievances processed under Step 3B, also attach the recommendations of the faculty hearing panel, the hearing transcript and the decision of the president

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, provide the name, address, telephone and electronic mail address of the attorney.