

**FORM B**  
**RESPONSE TO GRIEVANCE**

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**RESPONSE TO GRIEVANCE**

**NAME:** \_\_\_\_\_

**UNIT:** \_\_\_\_\_

**POSITION/RANK:** \_\_\_\_\_

(Please outline in detail your response to the grievance, appending any materials you consider relevant).

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Signature \_\_\_\_\_

Date \_\_\_\_\_

**Non-Bargaining  
Unit School of  
Medicine**