



STUDENT GRIEVANCE

Please make clear below: 1) The act, omission, or matter that is the subject of concern. 2) All facts that the student believes are related to the concern. 3) Any steps taken to resolve the matter. 4) All arguments in support of the desired solution.

Name Phone Email

Student ID Number Date Program

COMPLAINT

Choose from the categories below:

- Automatic Progress Suspension Grievance
Consumer Grievance
Civil Rights Grievance
Other

My grievance is (use dates, times, places, names of witnesses - BE SPECIFIC. You may want to use the back of this form or attached another piece of paper if needed if this form is being completed manually):

Multiple horizontal lines for writing the grievance details.

I REQUEST (you may use the back of this form or attach another piece of paper if additional space is needed):

Multiple horizontal lines for writing the request.

Student's Signature Date

Counselor or Director Signature Date

- Submit completed form to a College counselor or director

Findings and Recommendations:

Multiple horizontal lines for findings and recommendations.

- I am satisfied with the recommendation(s).
I am not satisfied with the recommendation(s), and I received a Student Appeal of Grievance/Sanction Findings form.

Student's Signature Date

Counselor or Director Signature Date