

**This written grievance must be filed within 30 calendar days
after the alleged decision or action occurred.**

The student filing the grievance should keep a copy of the completed form.

STUDENT GRIEVANCE FORM

This form should be completed and returned to the supervisor of the college employee most closely involved in the decision or action being reviewed.

Student Name: _____

Student ID #: _____

Email address: _____

Phone #: _____

Name of employee: _____

Employee's department: _____

A. State the reason(s) for your grievance:

B. Provide an explanation of any previous attempts to resolve this matter:

Student Signature

Date

Supervisor Signature

Date

**Supervisor: Please forward a copy of this form to the Dean of Student Life and Service-Learning.*