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.

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