

APPENDIX B

STUDENT GRIEVANCE FORM

Information and assistance in completing this form may be obtained from the Student Grievance Coordinator. After completing Part I, please submit this form to the Student Grievance Coordinator.

PART I: TO BE COMPLETED BY STUDENT

Student Name (Please print) _____

Student Signature _____

Major _____ Grade Level _____

Local Address _____

_____ SS# _____

Telephone (____) _____ Message Phone (____) _____

Email address: _____

GRIEVANCE AGAINST:

Name(s) _____

Department or Administrative Unit: _____

Specific Allegation(s):

1. _____

2. _____

3. _____

Describe each allegation in detail (include names, departments, dates, times, records, etc.) on separate sheets and attach.

Remedy sought _____

PART II: TO BE COMPLETED BY STUDENT GRIEVANCE COORDINATOR

INFORMAL PROCEDURES

Informal efforts have been made to resolve the issue(s) being grieved in consultation with the following people:

Faculty/Staff member name: _____

Signature: _____ Date: _____

Department Chair/Manager name: _____

Signature: _____ Date: _____

School Dean/Administrative Head name: _____

Signature: _____ Date: _____

CIRCULATION OF STUDENT GRIEVANCE FORM

Date received by Student Grievance Coordinator: _____

Signature: _____

Date forwarded to Student Grievance Board Chair: _____

Signature: _____

PART III: TO BE COMPLETED BY STUDENT GRIEVANCE BOARD CHAIR

Date Student Grievance Form received by Student Grievance Board Chair: _____

Signature of Student Grievance Board Chair: _____

DETERMINATION OF GRIEVABILITY:

GRIEVABLE ACT

NON-GRIEVABLE ACT

Date of notification of grievability: _____

Date of Hearing: _____