

GRIEVANCE COMPLAINT FORM

Date: _____

Names of Student, Faculty, or Staff making this report: _____

Briefly state your grievance in detail, including the date of act(s) or omissions causing grievance

Identify other individuals with personal knowledge of your grievance

State briefly your efforts to resolve this grievance

Describe the remedy of solution you would like

Student's Signature _____ Date _____

Grievance Team Member – Informed Review Date Received: _____

Action Taken _____

Accepted []

Appealed []