STUDENT COMPLAINT/GRIEVANCE FORM

Date: _____

Name: _____ Student ID#:_____

Telephone: (_____) _____-_____ Email: _____

Program/Major:_____

Brief description of incident being grieved: (Please use the back side of form for continuation).

_____

_____

_____

_____

_____

_____

_____

Remedy requested:

_____

_____

_____

Informal remedy attempted by student and outcome:

_____

_____

_____

Signature: _____

December 2016

(Continuation) Explanation of Complaint:

December 2016