

Formal Grievance Form

Information and assistance in completing the grievance form may be obtained from the Ombudsperson on both campuses. When completed this form should be presented to the appropriate Supervising Administrator as per 8.2.2p, Formal Grievance, Step A.

Student Name: _____ SID#: _____ Date Filed: _____

Local Address: _____

Phone: Email: _____

Grievance against the Action/Decision of: _____

Name(s): _____

Department or Administrative Unit: _____

Type of Grievance (refer to 8.2.2p): _____

Specific Allegations(s):

1: _____

2: _____

3: _____

Attach narrative data and factual support (include names, departments, dates, times, records, etc.)

Remedy Sought: _____

Timeline, Signatures and Dates

Supervising Administrator (Formal Grievance, Step A)

Name: _____ Contact Date: _____

Title: _____ Signature: _____

Proposed Resolution/Decision: _____ Date: _____

Appropriate Vice President, or Designee (Formal Grievance, Step B)

Name: _____ Contact Date: _____

Title: _____ Signature: _____

Proposed Resolution/Decision: _____ Date: _____

College Grievance Board of Review (Formal Grievance, Step C, Vice President, Student Services)

Designated Vice President: _____ Contact Date: _____

Title: _____ Signature: _____

Case Notes: _____ Date: _____

Date copy of grievance form submitted to person being grieved: _____

Date Hearing Board called for: _____ Date Hearing Board Convenes: _____

*Attach documentation for any informal efforts that have been made to resolve the complaint, as well as any proposed resolutions to the formal grievance.