



Student Grievance Form

Date: _____ Student ID # _____

Student Name: _____ Semester: __ Fall __ Spring __ Summer 20 _____

Address: _____
Street Address

_____ City _____ State _____ Zip Code _____

Step 1: Discuss problem with faculty or staff member who is involved.

Step 2: If issue is not resolved after speaking with the faculty or staff member, discuss problem with the employee's supervisor.

Step 3: If the issue is not resolved after speaking with the supervisor, submit completed form with all signatures within 5 school days after the discussion with the supervisor. Submission of form should be to the Executive Vice President.

If the issue involves a course, please provide the course information:

Prefix and Number: _____ Section: _____ Title _____

1. State the problem:

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2. I discussed this problem with the faculty or staff member involved.

Date Discussed

Signature of Faculty or Staff member involved

Outcome of Discussion:

3. I discussed this problem with the supervisor of the employee involved:

Date Discussed

Signature of Faculty or Staff member involved

Outcome of Discussion:

4. What remedy or corrective action are you requesting?

Student Certification

The information I am providing in this statement is true, accurate, correct, and complete to the best of my knowledge.

Student Signature: _____

Within five school days of receiving this signed grievance form, the Executive Vice President will call a Hearing Committee to review the problem. The student must include any documentation related to the problem along with this form to the Executive Vice President.

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