Form for Filing a Grievance Against Faculty or Staff Member

Students may bring grievances against faculty or staff for violations of student rights as specified under Section C. above. Please provide copies of any documentation you have supporting your grievance.

Name of Student Filing
Grievance______________________________

Student Identification
Number__________________________________

Student’s Address__________________________
Street ______________ City/State/Zip Code

Local Telephone Number____________________ Work Telephone Number____________________

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Name of Person Against Whom Grievance is Made______________________________________________________________

Date and Time of Incident About Which Grievance is Being Made_____________________

Which Student Right(s) has(have) been violated: (See Section E)___________________

Describe the Specific Circumstances Regarding Your Grievance.______________________________________________________________

What Evidence do you have to support your grievance? (Attach documents as appropriate)______________________________________________________________

If you have witnesses to support your grievance, provide:
Name(s) Address(es) Phone(s)
What Resolution To Your Grievance Are You Seeking?

______________________________

Signature

______________________________

Date