



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 Vice President, Student Development Services.

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: _____

The student must include any documentation related to the grievance along with this form. Within five school days of receiving this signed grievance form, the Vice President, Student Development Services, will call a Hearing Committee to review the student's concern.

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