



STUDENT GRIEVANCE FORM

Full Name: _____ Student ID# _____

Mailing Address: _____ Date _____

_____ Home Phone _____

_____ Cell Phone _____

_____ Email address _____

Date/Time/Location of incident: _____

Clearly state the grievance. Include all names possible. You may use additional pages if needed.

Describe actions, if any, that have been completed to resolve this situation with the party involved.

Identify person(s) who witnessed and who can validate your grievance, if applicable:

Name _____ Phone number _____

Name _____ Phone number _____

Attach supporting documentation, and/or other evidence, if applicable. This form must be submitted to the Dean for Enrollment and Student Services or the Vice President for Student Services within 10 days of the incident.