

STUDENT GRIEVANCE FILING FORM

Please explain the situation briefly in the space below. If you are having an issue with a particular staff/faculty member or course please include that information

- a. Date(s) of the incident: _____
- b. Location: _____
- c. Witness(es) [if any]: _____
- d. Describe the incident in the space below. Share specific information indicating how the incident alleged constitutes the complaint based on the protected class referenced above.

Have you contacted anyone about the issue you are having? (choose one)

- Yes** **No**

If yes, please provide information regarding whom you contacted and the result.

Is there anything else you wish to share or you feel would be important for those assisting you to know?



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Are there any resources the college can offer that you feel would help you with what you are experiencing? (check all that apply)

- Tutoring
- Personal Counseling
- Student Success Center Advising
- Personal/Financial Concerns (childcare, food, clothing, bills, etc.)
- Disability Related Accommodations

PART 4: WHAT HAPPENS NEXT

- Grievance Advisor will review the submission and schedule a meeting within five (5) business days of receipt of the written grievance.
- After the initial review and consultation, if a formal process is deemed necessary, the Grievance Advisor will consult the student on the grievance process.
- The student will move through the grievance process until the resolution process is completed which will include any and all appeals if needed.

PART 6: GRIEVANT CERTIFICATION

I hereby certify that all information submitted on this "Student Grievance Filing Form" and any supporting documentation is true, complete to the best of my knowledge and belief, and filed in good faith. I understand that I must continue to meet the conduct expectations of the Student Code of Conduct during this Grievance process.

| | | | |
|-------------------|--|--------------|--|
| Signature: | | Date: | |
|-------------------|--|--------------|--|

Email this form to: studentsuccesscenter@forsythtech.edu

OR Deliver this form to: Student Success Center - Forsyth Tech Main Campus – Robert L. Strickland Center 2414

FOR GRIEVANCE ADVISOR USE ONLY

Date Grievance was received: _____

Method Grievance was received: _____

College Representative receiving Grievance: _____