Please Note: This form must be filed within ten (10) business days of the incident. This form and accompanying documentation will be reviewed by the Grievance Advisor and a determination will be made as to whether the established formal grievance procedure is the appropriate course of action.

PART 1: GRIEVANT CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Student ID#:</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
<th>Phone:</th>
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</table>

PART 2: SUBJECT OF GRIEVANCE

Is your complaint related to: (Check all that apply)

- [ ] Academics
- [ ] Advising
- [ ] Harassment
- [ ] Discrimination
- [ ] Personal/Behavioral/Other

What is the basis for your complaint? Check all that apply:

- [ ] Age
- [ ] Religious
- [ ] Sexual Orientation
- [ ] National Origin
- [ ] Disability
- [ ] Race / Color
- [ ] Gender Expression
- [ ] Gender Identity / Sex
- [ ] Veteran Status
- [ ] Other: __________________________

PART 3: GRIEVANCE DETAILS

In order to address your grievance properly, you must provide detailed information supporting your case. You may attach relevant supporting documentation or additional pages to this filing form. Failure to provide sufficient information may result in this “Grievance Filing Form” being returned to you for completion or may result in your grievance being dismissed. If you need assistance in completing this form, please contact the Student Success Center at studentsuccesscenter@forsythech or 336-734-7156.
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?


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.

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

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: ______________________________