

STUDENT GRIEVANCE FORM

Name of Grievant: _____ Email: _____
(List additional grievants, if any, on additional sheet)

Address: _____ Student ID: _____

City: _____ State: _____ Zip: _____

Phone (home): _____

University rule or regulation violated if any:

Statement of Grievance, including date(s) or acts of omission for which redress is sought:

(Note: Grievant may include with this statement, as attachment(s) if appropriate, evidence relevant to the grievance.)

Name and Position of Respondent:

(Note: Respondent is the person(s) against whom the grievance is filed.)

Remedy Sought:

I will be represented in the grievance by (check all that apply):

Myself Legal Counsel Other (specify: _____)

This grievance was filed with the Director of Student Affairs and to the members of the Administrative Committee on the ____ day of _____, 20__, by (check one)

Certified or registered delivery, return receipt requested mail

Personal delivery

Grievant Signature: _____

Received, Director of Student Affairs:

Signature of the Director of Student Affairs

Date: