



Effective Date of Form: 9/10/2016

Student Grievance Form

Please read the Student Grievance Policy before completing this form. Please complete the entire form, sign it, and return to the Dean of Student Affairs. Your complaint will be acknowledged within 5 business days of receipt and forwarded to the appropriate University official for investigation.

Your Name: _____

Your Contact Information:

Address: _____

Telephone: _____ **email:** _____

Explain the action you are grieving:

What was the most recent event leading to this complaint:

State the resulting injury or harm done to you because of the action being:

Provide a description of the evidence supporting your grievance:

State the remedy or relief you are requesting:

Indicate any additional information that will assist in resolving your grievance:

Your Signature: _____ Date: _____

For University Use:

Date Received: _____

Investigated by: _____

Outcome/action:

Date: _____

