



STUDENT COMPLAINT FORM

Form with fields: Date, Name of Student, Student ID #, Address, Phone, Email Address, Additional Contact Info - Cell Phone #.

INSTRUCTIONS TO STUDENTS:

The student MUST be able to answer "YES" to question #1 PRIOR to completing this Level I Grievance Form. If the student answers "NO" to question #2, there must be a detailed explanation included.

1. Was a conference held with the College employee against whom this complaint is being filed?

[] No [] Yes If yes, Date of Conference: _____

Outcome of the Conference: _____

2. Was a conference held with the Department Chair or supervisor of the College employee against whom this complaint is being filed?

[] No [] Yes If yes, Date of Conference: _____

Outcome of the Conference: _____



3. Date on which incident occurred: _____

4. Write a description of the general and specific grounds on which the complaint is based: _____

5. Specific remedy proposed. _____

6. List all documents that should be reviewed (include legible copies).: _____

I believe that I have pursued all of the necessary steps in order to informally resolve my grievance and consider the issue of sufficient concern to file this written complaint.

Signature: _____ Date Filed: _____

This Box - For College Official's USE ONLY

Date Received: _____
Received by Staff: _____
Forwarded to (Name of Staff) _____ Date Forwarded: _____
Conference Date: _____
Individuals in Attendance: _____
Written Response to Complaint Date: _____