



Statement of Grievance

Name: _____ Date: _____

Last

First

Address: _____

Street, State, Zip Code

(decision notes will be sent by certified mail to this address)

Student ID #: _____ Phone: _____ E-mail: _____

Please check one:

☐ Academic Grievance

☐ Non-Academic Grievance

If Academic, check the category(s) that apply (must have supporting documentation):

☐ Mistake

☐ Fraud

☐ Bad Faith

☐ Incompetency

If Non-Academic, specify: _____

Date of the incident on which the grievance is based or date that you learned of the basis for the grievance (whichever is later): _____

Person(s) charged: _____

Clearly specify your grievance on a separate written OR typed statement and include any supplement documentation.

Requested outcome (specify the solution/action you want taken): _____

Steps you have taken to attempt to resolve the grievance: _____

Student Signature

Date