



GRIEVANCE FORM

This is a confidential report that will be placed in the involved parties' files.

Date and Time of Incident:		Date and Time of Report:	
STUDENT SECTION			
Name of student filing grievance:			
First Name:			
Last Name:			
Address:			
Phone Number:			
Email:			
Name of person against whom grievance is made:			
First Name:			
Last Name:			
Describe the specific circumstances regarding your grievance and your resolution expectations.			
What evidence do you have to support your grievance? (Attach if appropriate)			



GRIEVANCE FORM

COMPLIANCE SECTION	
Date Report Received:	
Presiding Officer:	
Members of Grievance Committee (if applicable)	
Date of Conference: :	
Notes of Grievance Review Conference:	
STUDENT & COMPLIANCE SECTION	
<input type="checkbox"/> I agree with the resolution determined by the Grievance Committee.	
<input type="checkbox"/> I disagree with the resolution determined by the Grievance Committee and wish to appeal.	
Signature of Grievant	Date
Signature of Respondent	Date
Signature of Compliance Representative	Date
<i>Compliance Representative: Provide a copy of this completed form to the grievant, respondent, and keep the original. If escalated, provide a copy to the President.</i>	
PRESIDENT SECTION	
Date Report Received:	
Final Decision & Explanation:	