



GRIEVANCE FORM FOR FILING COMPLAINTS

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)			



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COMPLIANCE SECTION	
Date Report Received:	
Programs Manager: (or other Compliance Rep.)	
Escalation to VP-ASA, President's Office or Grievance Committee	
Date of Conference: :	
Notes & Resolution of Grievance Review Conference:	
STUDENT & COMPLIANCE SECTION	
<input type="checkbox"/> I agree with the resolution of my complaint. <input type="checkbox"/> I disagree with the resolution and wish to appeal.	
_____ Signature of Grievant	_____ Date
_____ Signature of Respondent	_____ Date
_____ Signatures of Programs Manager & VP-AAS	
_____ 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'S OFFICE SECTION	
Date Report Received:	
Final Decision & Explanation:	