



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) | | | |
| | | | |



GRIEVANCE FORM FOR FILING COMPLAINTS

| 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: | |