Student Formal Grievance Petition

Name:_______________________________________ Date:_________________________
Student ID #:__________________________________ Email:_________________________
Address:______________________________________ Telephone:_____________________

A. What College policy, department, or employee is your grievance in reference to?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

B. If this grievance is in relation to an academic course or grade, please list the course number, section, and instructor below.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

C. If this grievance relates to discrimination or harassment, indicate the basis of the alleged discriminatory practice by checking below.
Race____ Sex____ Age____ Disability____
National Origin____ Religion____ Marital Status____ Gender Identity____
Other__________________________________________

D. Have you attempted to informally resolve this grievance? If so, please explain below and with whom you discussed your grievance.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
E. Describe the facts associated with your grievance. Please be as specific as possible concerning dates, times, and witnesses if applicable. (Attach additional sheets if necessary)

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

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________________________________________________________________________

F. What specific action would you suggest to remedy your grievance?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

By signing below, I acknowledge the information above is correct and truthful

________________________________________________________________________

Student Signature

Date

Office Use Only

Date Received:

V.P. Reviewer:

Date Forwarded for Review:

Staff Signature: