



## Student Formal Grievance Petition

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

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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.

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

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

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Student Signature

Date

Office Use Only

Date Received:

V.P. Reviewer:

Date Forwarded for Review:

Staff Signature: