Student Grievance Form

Student Name________________________________    Grade________

Date: ___________________

A. Which school policy, department, or employee is this grievance in reference to:

________________________________________________________________

B. If this grievance is in relation to academic course or grade, please indicate the name of the course and the instructor.

________________________________________________________________

C. If this grievance relates to discrimination/harassment, please indicate the bases of the alleged discriminatory practice by checking below:

___ Race      ___ Disability      ___ Gender Identity
___ Sex       ___ National Origin  ___ Other _____________
___ Age       ___ Religion

D. Have you attempted to informally resolve this grievance? If so, please describe steps taken and indicate with whom you have discussed your grievance.

_________________________________________________________________

_________________________________________________________________

E. Describe facts associated with your grievance. Please be as specific as possible concerning dates, times, witnesses (if applicable). Attach additional sheets if necessary.

_________________________________________________________________

_________________________________________________________________

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

_________________________________________________________________

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

Student Signature: ____________________________________________

For Office Use Only     Date Received: _____________    Staff Member Name: ____________________________