

# Student Grievance Form



Developmental Research School  
at the University of Florida

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

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

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

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

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

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|-------------------------------|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Disability      | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Sex  | <input type="checkbox"/> National Origin | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Age  | <input type="checkbox"/> 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.

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E. Describe facts associated with your grievance. Please be as specific as possible concerning dates, times, 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 that the information above is correct and truthful

Student Signature: \_\_\_\_\_

For Office Use Only Date Received: \_\_\_\_\_ Staff Member Name: \_\_\_\_\_