

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?

1200 SW 6th Street, Gainesville, FL 32601

P: 352.392.1554 ■ F: 352.392.9559 ■ pkyonge.ufl.edu

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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: _____