



Student Grievance/Complaint Form

*For issues related to
Program Accreditation Standards*

Students must refer to the grievance/complaint policy in the Student Handbook prior to completing this form.

Date: _____

Student Name: _____ Student ID Number: _____
Student Classification: PI P2 P3 P4
Faculty Advisor: _____ Did you discuss this issue with your faculty advisor? ___ Yes ___ No

LOCAL HOME CONTACT INFORMATION

Street Address: _____
City/State/Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____ Email Address: _____

PERMANENT HOME CONTACT INFORMATION

Street Address: _____
City/State/Zip: _____
Home Phone: _____ Cell Phone: _____
Alternate Email Address: _____

List the specific Accreditation Council for Pharmacy Education (ACPE) standard (s) you are commenting on from the list of ACPE Standards 1 – 30 listed on the ACPE.ORG web site. Be specific.

Standard(s) # _____

Please describe the specific reason(s) why the standard(s) is/are unsatisfactory. You may attach additional pages or documents to support your grievance/complaint.

What days/time are you available to discuss this issue? _____

Signature

Date

Upon completion, place the Student Grievance Form in an envelope, seal and mark the envelope "Confidential" Deliver to the Associate Dean of Student Affairs and Admissions, Cyndi Porter-Fraser*