



Student Grievance/Complaint Form

Date: _____

Student Name: _____

Student ID Number: _____

Student Classification: PI P2 P3 P4

Faculty Advisor: _____

LOCAL HOME CONTACT INFORMATION

Street Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

PERMANENT HOME CONTACT INFORMATION

Street Address: _____

City/State/Zip: _____

Home Phone: _____

Complaint Against name(s) of individual(s):

In the space below, please describe the specific action:

In the space below, please describe any actions previously sought, the outcome and reason for why the outcome was unsatisfactory.

Signature

Date

Upon completion, place the Student Grievance Form in an envelope, seal and mark the envelope "Confidential" and deliver to the Associate Dean of Student Affairs and Admissions.