

STUDENT GRIEVANCE/COMPLAINT FORM

(Return to the Vice President of Student Services Office)

Date: _____

Student Name (Grievant): _____

B #: _____ Phone Number: _____

Address: _____
Street or P.O. Box City State Zip Code

Please describe in detail the nature of your grievance/complaint.

Who was involved?

When did it occur? (Give day, time, date(s).)

Where did it occur? (Specific location)

Name of witness(es), if any.

Student's Signature _____ Date _____