

APPENDIX B

**STUDENT GRIEVANCE FORM**

Information and assistance in completing this form may be obtained from the Student Grievance Coordinator. After completing Part I, please submit this form to the Student Grievance Coordinator.

**PART I: TO BE COMPLETED BY STUDENT**

Student Name (Please print) _____		
Student Signature _____		
Department _____	Grade Level _____	
Local Address _____		
_____		Pin _____
Mobile No (____) _____	Phone (____) _____	
Email address: _____		
<b>GRIEVANCE AGAINST:</b>		
Name(s) _____		
Department or Administrative Unit: _____		
Specific Allegation(s):		
1. _____		
_____		
2. _____		
_____		
3. _____		
_____		
Student Signature _____		
Describe each allegation in detail (include names, departments, dates, times, records, etc.) on separate sheets and attach.		
_____		
Received Date _____	Received by _____	Sign _____

**PART II: TO BE COMPLETED BY STUDENT GRIEVANCE COORDINATOR**

**INFORMAL PROCEDURES**

Informal efforts have been made to resolve the issue(s) being grieved in consultation with the following people:

Faculty/Staff member name: \_\_\_\_\_

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

Department Chair/Manager name: \_\_\_\_\_

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

School Dean/Administrative Head name: \_\_\_\_\_

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

**CIRCULATION OF STUDENT GRIEVANCE FORM**

Date received by Student Grievance Coordinator: \_\_\_\_\_

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

Date forwarded to Student Grievance Board Chair: \_\_\_\_\_

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

**PART III: TO BE COMPLETED BY STUDENT GRIEVANCE BOARD CHAIR**

Date Student Grievance Form received by Student Grievance Board Chair: \_\_\_\_\_

Signature of Student Grievance Board Chair: \_\_\_\_\_

**DETERMINATION OF GRIEVABILITY:**

GRIEVABLE ACT                       NON-GRIEVABLE ACT

Date of notification of grievability: \_\_\_\_\_

Date of Hearing: \_\_\_\_\_