

STUDENT GRIEVANCE FORM

Name of Student: _____

Date: _____

Student ID: _____

Level: **Prep** **Undergraduate**

Please answer the following questions in their entirety. If the form is not completed entirely and/or the necessary documents do not accompany the form, the grievance may immediately be dismissed.

1. Were steps 1 and 2 of the grievance procedures completed?

YES NO

If no, please explain. _____

If yes, please explain the details of what happened. _____

2. Please explain in details the nature of the grievance. _____

3. Please submit as an attachment all supporting evidence (if applicable) for the above-mentioned grievance. Please be reminded that without evidence, the Grievance Committee may not process your grievance/appeal.

4. Signature: _____

5. Date: _____

To be filled in by Grievance Committee:	
Date Received: _____	Fee paid <input type="checkbox"/> Yes <input type="checkbox"/> No
Referred: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, to Whom: _____
Final Decision of Grievance Committee:	

Date of Decision: _____	
Signatures: _____	_____
_____	_____
_____	_____