College of Business and Innovation
Student Grievance Form

If you have any questions about the proper processing of this grievance form and the time limits required, please review the Student Academic Grievance Procedure which can be found on the College website.

Name: ____________________________________ Student ID#:_____________________

Local Address: ______________________________ Date of written grievance (Step 2):
__________________________________________

E-Mail Address: ______________________________ Type of Grievance:

Phone #: ________________________________

Course: ________________________________

When did you learn about the above event that prompts this grievance? Date:_______________________

To be properly processed, this grievance must have been previously presented to the instructor involved within 5 days of your knowledge that you have been charged with an academic conduct violation or within 5 days of the beginning of classes in the following semester if you are disputing a final course grade (Step 1).

Have you discussed this grievance with the instructor involved to attempt a resolution of the dispute?
☐ Yes ☐ No Date of the discussion: ______________________________

If your efforts to obtain a meeting with the instructor involved have been unsuccessful, note that above, fill out this form and proceed immediately as indicated at the bottom of this form.

Please state the nature of your grievance and your requested remedy (please type or print clearly in pen). ATTACH ANY ADDITIONAL DOCUMENTATION TO SUPPORT YOUR POSITION. ____________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

This grievance is to be presented to the Instructor’s Department Chair for review (Step 3).

Student Signature __________________________ Date __________________________