

REQUEST FOR A FORMAL STUDENT GRIEVANCE HEARING FORM

Name _____ Date _____

Address _____ Phone _____

Student ID # _____ Class Level _____

Student's Major _____

Department in Which Complaint Arose _____

Semester in Which Complaint Arose _____

Respondent (Grievance Against) _____

Course Name _____ Course # _____

Members of the University Community Involved in Attempting an Informal Settlement:

Referred By _____

Nature Of Grievance

Remedy Sought

Please attach any supporting documentation if necessary.

I Certify that I have met with the Dean and Department Chair.

Signature

Date