Student Grievance Form

Student’s Last Name_________________________________________ First Name____________________________ M.I.____

Student ID# ________________________ Current Phone Number____________________ Date ________________

Type of Complaint

☐ Classroom Related

Course/Section #: ☐ Non-Classroom Related

Complaint Information

Date(s) of incident __________________________ Individual(s) involved ________________________________

Briefly describe the incident/issues. ____________________________________________________________

Communication

Briefly describe the outcome of your direct communication with the person(s) involved in the incident/issue in your attempt to resolve it. If you did not communicate with the individual(s) involved please specify.

Resolution

What do you think would be a good solution?

Authorization for College Officials to Investigate your Claim

By signing this form, I confirm that the above statements are true and that I am requesting intervention by the appropriate Dean/Director. I also grant permission to the investigating official to discuss this complaint with the individual(s) named in order to resolve the situation.

Student Signature ___________________________ Date __________________

For Internal Use Only

Forwarded to: ___________________________ Date __________________

Recommendation/Resolution ___________________________ Date __________________

Dean/Director Signature ___________________________ Date __________________

***Please return completed forms to Cathy Barrow via email at cbarrow@edisonohio.edu or in office 413.

Last revised 02/2011. Reviewed 03-2013