## Form for Filing a Grievance Against Faculty or Staff Member

Students may bring grievances against faculty or staff for violations of student rights as specified under Section C. above. Please provide copies of any documentation you have supporting your grievance.

Name of Student Filing Grievance	=		
Student Identification	n		_
Student's Address			
Address	Street	City	/State/Zip Code
Local Telephone Numbe	r	Work Telephone	
***********************************	********	*******	*******
Name of Person Agains Made			
Date and Time of Inci		rievance is Being	
Which Student Right(s E)			
Describe the Specific Grievance.			
What Evidence do you	have to support you	r grievance? (Atta	ch documents as
appropriate)			
If you have witnesses	to support your gr	rievance, provide:	
Name(s)	Address(es)	P	hone(s)

		_
		_
What Resolution To Your Grievance Are You Seeking?		_
		_
Signature	Date	_