

## **Student Formal Grievance Form**

Today's Date	Student ID#
Student's Name	
Phone Number	Email
Date of compliant/incident	
Individual(s) involved	
Briefly describe the issue (please attach an additional sh	neet if necessary)
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  Would you like to have a mediation meeting scheduled between you and the individuals (s) involved?  ☐ Yes ☐ No  What do you think would be a good solution to the situation?	
Authorization to Investigate your Claim  By signing this form, I confirm that the above statement  Office of Student Affairs. I also grant permission to the original individual (s) named in order to resolve the issue.	ts are true and that I am requesting intervention by the Office of Student Affairs to discuss this complaint with the
Student Signature	Date