



## College of Education: Non-course-related Grievance

Student Name:		LIN #	
Are you appealing a <b>mark/grade</b> assigned to you by a course instructor?	<input type="checkbox"/> YES. (Stop. This is the wrong form. Please use the <i>Grade Appeal Form</i> instead.) <input type="checkbox"/> NO. (Continue.)	Is your grievance <b>directly related to a course</b> you are taking now or have taken previously?	<input type="checkbox"/> YES. (Stop. You need to use the <i>Course-related Non-grade Appeal Form</i> instead.) <input type="checkbox"/> NO. (Continue.)

Are you appealing <b>harassment or discrimination</b> ?	<input type="checkbox"/> YES. (Stop. This is the wrong form and process. Please see either your program handbook or the Education and Human Services departmental manual for how to proceed.) <input type="checkbox"/> NO. (Continue.)
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Date(s) on which event(s) and action(s) leading to this complaint occurred:		Names of individuals involved:	
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Please describe the event(s) or action(s) leading to this complaint. Please be as specific as you can about who was involved and exactly what they said or did.  <small>(Feel free to attach a separate document if you need additional space.)</small>	
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Please describe how you wish your complaint to be resolved and how your proposed solution would resolve it.  <small>(Feel free to attach a separate document if you need additional space.)</small>	
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Have you met with the faculty or staff member or other individuals involved to discuss your concern and seek an informal resolution? <small>(Check one.)</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date of that meeting:	
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I hereby request that my grievance be reviewed and action taken to resolve it in an appropriate manner.

Student Signature (above)

Date signed: \_\_\_\_\_

**ADMINISTRATIVE CONSIDERATION:**

Each person listed below is to review the student's request, the recommendations of those who have considered that request before him or her, and any information gathered in meeting with the student (if he or she chooses to meet with the student). If a person signing below is unable to fit his or her comments into the recommendation and signature block or wishes to include more comprehensive comments or information, he or she may prepare that as a separate document and attach it to this form.

Faculty/Staff Member	Name(s)	Date	Recommendation & signature(s)	
Program Director/ Univ. Supervisor:				<input type="checkbox"/> Met w/Student? <input type="checkbox"/> YES <input type="checkbox"/> NO Date:
Department Chair:				<input type="checkbox"/> Met w/Student? <input type="checkbox"/> YES <input type="checkbox"/> NO Date:
Dean:				<input type="checkbox"/> Met w/Student? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: