

**STUDENT GRIEVANCE FORM -**

<b>Name:</b> <b>Student ID Number:</b> <b>Program:</b>	<b>Address:</b>  <b>Phone Number at which you can be reached:</b>

**A formal student grievance must meet the following thresholds:**

- **The grievance alleges a violation of written policies or procedures, OR**
- **The grievance alleges a written policy or procedure has been arbitrarily, capriciously or unequally applied, AND**
- **The grievance has been unsuccessfully resolved through** all other College processes (i.e. other applicable policies and procedures and appeals or at a minimum an informal meeting has occurred to speak with the person/department chair regarding to and directly involved in the complaint). , **AND**
- **The grievance has been communicated in writing and asserts that a formal grievance is being filed.**

**Please attach documentation for the following:**

- 1. State the decision/policy or incident you are grieving.**
  
- 2. Describe the circumstances that justify your grievance. Additional evidence should be attached.**
  
- 3. Summarize your desired outcome from this grievance.**

**By filing this Grievance Form, you hereby give Clarkson College permission to gather all pertinent information related to the grievance.** This form must be submitted no later than 30 business days from the time the incident occurred, or all other College processes have been exhausted.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**GRIEVANCE INFORMATION REQUEST FORM**

**Name:**

**Title:**

**Phone Number:**

**Student Name:**

**Decision/policy or incident being grieved by the student:**

**Grievant Information (provided by VPAA's Office)**

**Student Name:**

**Date of Grievance:**

**Situation being grieved:**

**Please provide written documentation/evidence related to the grievance above prior to \_\_\_\_\_ to the VPAA's Office.**

**(date provided)**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

Grievance Form Jan 2018