

## Student Grievance Form

Information and assistance in completing this form may be obtained from the Student Grievance Coordinator. After completing Part I, please submit the form to the Student Grievance Coordinator.

### **PART I: To be completed by the student**

Student Name (Please print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Major: \_\_\_\_\_ Gallaudet ID Number: \_\_\_\_\_

Local Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pager Address: \_\_\_\_\_ Videophone: \_\_\_\_\_

#### **GRIEVANCE AGAINST:**

Name(s): \_\_\_\_\_

Dept or Administrative Unit: \_\_\_\_\_

#### **Specific Allegation(s):**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Describe each allegation in detail. (Include names, departments, dates, times, records, etc. on separate sheets and attach.

#### **Remedy Sought:**

\_\_\_\_\_

Do you need special accommodations for the hearing? If so, explain:

\_\_\_\_\_

\_\_\_\_\_

**PART II: To be completed by STUDENT GRIEVANCE COORDINATOR**

**INFORMAL PROCEDURES**

Informal efforts have been made to resolve the issue(s) being grieved in consultation with the following people.

Faculty/Staff Member name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept Chair/Manager/Director name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Dean/Executive Director name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CIRCULATION OF STUDENT GRIEVANCE FORM**

Date received by the Student Grievance Coordinator: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date forwarded to the Student Grievance Board Chair: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III: TO BE COMPLETED BY STUDENT GRIEVANCE CHAIR**

Date Student Grievance Form received by Student Grievance Board Chair: \_\_\_\_\_

Signature of Student Grievance Board Chair: \_\_\_\_\_

**DETERMINATION OF GRIEVABILITY**

Grievable Act       Non-Grievable Act

Date of notification of grievability: \_\_\_\_\_

Date of Hearing: \_\_\_\_\_