

STUDENT GRIEVANCE FORM

A complaint is defined as a difference or dispute between a student and a faculty or staff member related to matters such as grades, assignments, attendance, classroom procedures, program requirements, or other services or activities.

Complaints rise to the level of formal grievances:

- 1) after the student has attempted and been unsuccessful in resolving the concern informally in accordance with the Student Grievance procedure.
- 2) by completing and appropriately submitting this form.

Please supply all information requested below. Any omission will delay the processing of your grievance.

Student name: _____ Student ID: _____

Home address: _____

NWACC email: _____@nwacc.edu Telephone: (____) _____

Grievance pertains to:

Name of person : _____ faculty staff administration unsure

Please provide details of how you have attempted to resolve your concern informally.

Name of contact:

Title:

Meeting date:

Outcome:

Name of contact:

Title:

Meeting date:

Outcome:

Your grievance in detail.

Where did the interaction or incident take place?

On what date?

Please describe your grievance. Use additional sheet(s), if necessary.

Description continued:

If grievance pertains to a faculty member:

Course name: _____
CRN: _____ Semester: Fall Spring Summer Year: _____

Were there any witness(es) ?

yes no If yes, please provide name, home/email address, phone number:

My signature below indicates that I have followed the Grievance Procedures as set forth in the Northwest Arkansas Community College Catalog and that I seek redress regarding the concern I have identified in this report. I affirm that the statements herein are true and complete to the best of my knowledge and belief. I further acknowledge that intentional falsification of the details of a Grievance Report is considered a violation of the Student Code of Conduct and will be addressed accordingly.

Grievant's signature

Date

Submit completed report to: Appropriate Division Dean's office

Lined area for text entry.

Signature of faculty or staff against whom the grievance has been filed

Date

Please return this form to: _____

(Name of Division Dean or designated grievance official)

Official Use Only
Completed form received on:

Date