A separate procedure is available for students filing a discrimination, harassment, or retaliation complaint. Those procedures and forms may be found in the Office of Academic Programs, Education Building, Room 242 or online at http://www.csub.edu/academicprograms/_files/Student%20Grievance%20Form.pdf

This form is to be used by students requesting a formal hearing as outlined in the Student Complaint and Grievance Procedures. This form, when completed, must be presented to the Office of the Provost/Vice President for Academic Affairs, Administration Building, Room 100. Information and assistance in completing the grievance statement below may be obtained from the Ombudsperson in the Counseling Center.

Student Name_________________________________________________________________Student ID__________________________

Mailing Address__________________________________________________________________________________________

Email:__________________________________________Phone (___)_______________________________

Student Signature_________________________________________Date:____________________

GRIEVANCE AGAINST THE GRADE/ACTION OF:

Name________________________________________Department________________________________________

Is this grievance based on unlawful discrimination, harassment or retaliation? ☐ No  ☐ Yes (see first paragraph above)

Is this a grade grievance? If yes, complete the following information:

Course:__________________Term/Year:__________Grade Received:________________

If this is not a grade grievance, briefly state your complaint. Attach additional sheets to this form as needed.

________________________________________________________________________________________

Grounds for Academic Grievance (clerical error, prejudicial evaluation, discrimination, or capricious evaluation) or grounds for Non-academic Grievance. Attach additional sheets to this form as needed.

________________________________________________________________________________________

________________________________________________________________________________________

Narrative data/factual support (include names, departments, dates, times, records, etc.) for the alleged wrong. Attach additional sheets to this form as needed.

Remedy sought:_______________________________________________________________________________

________________________________________________________________________________________

The following signatures are required. If you are unable to obtain a signature, indicate the process you have taken to obtain signatures on a separate sheet and attach directly behind this form. By signing below, all parties agree that informal efforts have been exhausted to resolve the issues being grieved.

Faculty (or Respondent)___________________________________________________________Date____________________

Department Chair_______________________________________________________________Date____________________

(if not applicable, Dean/Administrator signs)

School Dean_______________________________________________________________Date____________________

(or appropriate Administrator)