

# STUDENT GRIEVANCE FORM

A separate procedure is available for students filing a discrimination, harassment, or retaliation complaint. Those procedures and forms may be found online at <http://www.csub.edu/academicprograms/Complaints%20and%20Grievances/index.html>

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 Academic Programs, Education Building, Room 242. 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:

1. Name: \_\_\_\_\_ Department: \_\_\_\_\_

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

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

Course: \_\_\_\_\_ Term/Year: \_\_\_\_\_ Grade Received: \_\_\_\_\_

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

5. 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.**

6. Remedy sought: \_\_\_\_\_

7. Narrative data/factual support (include names, departments, dates, times, records, etc.) for the alleged wrong. **Must attach on a separate sheet(s).**

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) Name: \_\_\_\_\_

Faculty (or Respondent) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Name: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if not applicable, Dean/Administrator signs)

School Dean Name: \_\_\_\_\_  
(or appropriate Administrator)

School Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_