



STUDENT APPEAL APPLICATION

Name:

Grievance id:

Student ID Number:

Discipline:

Mailing Address (Dept):

Mobile Phone:

e-mail:

Program/Course(s):

Present/passed out

Did you seek information or assistance before making a complaint?

☐ NO ☐ Yes, from

Staff member(s) or Committee from whom have you already sought a resolution about this complaint?

Name:

Position:

Name:

Position:

Please outline the basis of your *original* complaint:

Please describe the most recent resolution offered:

From whom did you receive the final notification of the resolution, and

when? Name/Position:

Date:

State what outcome(s) you are seeking from this appeal:

Other Comments:

Signature of the student/parent

(Office use only)

Expected date of Resolution of the grievance-----

Signature of A/D (GCFC)

Signature of the grievance handling authority

