

Format of Academic Grievance Records

Date of report of grievance

Date of resolution of grievance

Student's Name

Email

Phone

Summary of the concern, including any prior actions (use additional sheets if needed):

Documents that support the concern (list them here and attach copies. Do not submit originals):

Signature: _____ Date: _____

First Respondent's Name:

Title: _____ Phone: _____ Email: _____

Action Taken or Action Promised Action (use additional sheets if needed):

Documents that support the response (list them here and attach copies. Do not submit originals):

Signature: _____ Date: _____

Second Respondent's Name:

Title: _____ Phone: _____ Email: _____

Action Taken or Action Promised Action (use additional sheets if needed):

Documents that support the response (list them here and attach copies. Do not submit originals):

Signature: _____ Date: _____

Third Respondent's Name: _____

Title: _____ Phone: _____ Email: _____

Action Taken or Action Promised Action (use additional sheets if needed):

Documents that support the response (list them here and attach copies. Do not submit originals):

Signature: _____ Date: _____

Fourth Respondent's Name: _____

Title: _____ Phone: _____ Email: _____

Action Taken or Action Promised Action (use additional sheets if needed):

Documents that support the response (list them here and attach copies. Do not submit originals):

Signature: _____ Date: _____

Fifth Respondent's Name: _____

Title: _____ Phone: _____ Email: _____

Action Taken or Action Promised Action (use additional sheets if needed):

Documents that support the response (list them here and attach copies. Do not submit originals):

Signature: _____ Date: _____