

Southern Union State Community College

GRIEVANCE APPEAL – FORM A

TO: Grievance Officer (Students) _____

FROM: _____, Grievant

DEPARTMENT/PROGRAM: _____

Student _____ or Employee _____

Home Address: _____

Home Phone Number: _____ Work Phone Number: _____

INFORMATION ON GRIEVANCE:

A. Date(s) of Occurrence(s) upon which Grievance is based: _____

B. Description of Grievance: [If the Grievant is alleging illegal discrimination based on gender, race, color, national origin, religion, handicap, or disability, the Grievant should include a reference, if known, to any pertinent statute(s), policy(cies), or regulation(s). Use additional pages, if necessary, to describe Grievance.: _____

C. State the name of each College instructor or official to whose attention the Grievant has already brought the matter being complained of, and state on what date each such instructor or official was first notified of the situation: _____

D. Describe any attempt(s) which have already been made by any College official and representative to resolve the Grievance described above. Please name each college official and representative who has participated in any prior attempt to resolve the situation, and describe the involvement of each such person. _____

E. State any other information which the Grievant believes should be considered by the Student Grievance Officer in investigating the Grievance. [Also attach to, or enclose with this form, and other document(s), photo(s), audio or video tape(s), etc., which the Grievant believes will be helpful to the College Grievance Officer.] _____

I, the undersigned Grievant, hereby confirm that the information stated above and all other information submitted by me in support of the Grievance hereby made is accurate, complete, and truthful to the best of my knowledge and belief.

Grievant

Date: _____