

Student Grievance Form

This form is to be used to file a grievance involving SCTCC faculty or staff's application of a specific provision of a college rule, regulation, policy, or procedure. This form is NOT for grade or academic appeals or allegations of harassment or discrimination. Reference: MnSCU 3.8/SCTCC Policy 3.24.

Student Name	Student ID #
Phone	E-mail
Faculty/Staff member involved:	Date of incident

1. Describe the matter about which you are concerned. Include the specific policy, rule or regulation or procedure you are grieving. Please attach any documentation and/or additional pages.

2. Describe any steps that have already occurred (meeting with faculty/staff, received a letter in the mail).

3. Describe the actions you are seeking to resolve the issue.

Student Signature:

Date:

This section for department and college use

Routing:

1. Completed form submitted to Assistant to the VP Administration (1-404). Date and signature recorded below.
2. Form forwarded to appropriate academic or administrative department. Date and signature recorded below.
3. Decision or referral made. Disposition noted below.
4. Written notification to student of decision or referral.
5. Copies to Vice President of the Division and Assistant to the VP for Administration.

Date received:

Received by:

Appeal Decision

Date:

Signature: