

Indiana State University, College of Nursing, Health, and Human Services

Student Grievance Procedure Documentation

By filing this grievance, I grant the right to share all pertinent data with the Student Affairs Committee, the Grievance Sub-Committee members, respondent(s), and any other university officials as dictated in the Student Grievance Procedures, and waive my rights under the Family Education Rights and Privacy Act of 1974.

Signed: _____
Complainant

Date: _____

Name: _____

Home Address: _____
Number Street Apt. No.

_____ City State Zip

Campus Address: _____

Campus Phone: _____ Home Phone: _____ Email: _____

Alleged unfair treatment took place on or about the following date: _____

What is the grievance about: _____

Department: _____

Department Chair: _____

Name and number of Course or Activity: _____

Describe in detail the alleged administrative or academic policy that is faulty or how its application has resulted in unfair treatment. (List name of policy, page numbers, and title of document in question if known and if applicable.) Also, state what would be an acceptable resolution to this problem. (May attach additional sheet if needed.)

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Student Grievance Procedure

Documentation of Resolution Procedure

Step 1: Met with faculty or administrative member on the following date: _____

List names of those who were present at this meeting: _____

What was the outcome of this meeting? _____

Step 2: Met with faculty or administrative member and appropriate Department Chair and/or Director

on the following date: _____

List names of those who were present at this meeting: _____

What was the outcome of this meeting? _____

Step 3: Met with faculty or administrative member, Department Chair, and Associate Dean of Student

Services on the following date: _____

List names of those who were present at this meeting: _____

What was the outcome of this meeting? _____
