



Student Appeal Form

Instructions: Students who wish to appeal a decision relating to a complaint or grievance should complete this form and submit it to the appropriate administrator within ten (10) business days of the written response. Students should allow ten (10) business days to receive a written response to their appeal.

Student Information	
Student name:	
Address:	City/State/Zip:
Student ID#:	Semester & Year:
Home Phone Number:	Work Phone Number:
Cell Phone Number:	Email Address:
Complaint/Grievance Information	
<i>Retaliation against an individual filing a grievance is strictly prohibited and constitutes a violation of college policy.</i>	
Name of individual and/or department against whom the complaint/grievance is filed:	
With whom was the initial complaint/grievance filed? How was it resolved? Describe any additional issues that should be addressed. (Use and attach additional sheets if necessary.)	
What is the desired outcome after talking to the appropriate college official(s)? (Use and attach additional sheets if necessary.)	

I declare that it has been no more than ten (10) business days since the receipt of a written lower level response or, if no response was received, the expiration of the response deadline and hereby request a (check level) Level 2 3 4 appeal. I understand that the proper administrator will respond to this appeal within ten (10) days. I hereby declare that the information on this form is true, correct, and complete to the best of my knowledge. I understand that any misrepresentation of information may result in disciplinary actions, in accordance with college policies and regulations.

Student Signature: _____ Date: _____