



Instructions: This form must be filed within ten (10) business days of the student’s discussion of the matter with the faculty member involved (this discussion must take place with the faculty member involved within ten business days after the occurrence of the event giving rise to the grievance) [FLD (LOCAL)]. Students who have a complaint or grievance about their Texarkana College experience should complete this form and submit it to the appropriate division dean or immediate supervisor of the individual against whom the complaint is filed for review. Complaint forms and appeal notices may be filed by hand-delivery, electronically submitted by fax or e-mail, or U.S. Mail. Texarkana College FAX number: 903.823.3451.

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:	
Describe your complaint/grievance in detail. Include date/s of occurrence. The complaint/grievance must be filed within the time limit given in the instructions above, or the complaint/grievance will not be considered (be as specific as possible). Attach additional sheets, if necessary, along with any documentation that will help describe and substantiate the complaint. Are there any witnesses who should be interviewed? If yes, list names and contact information.	
Students are encouraged to discuss their concerns and complaints through informal conferences with the appropriate instructor or campus administrator. Have you made an attempt to resolve this complaint or grievance with the individual and/or department involved? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe the outcome: (Attach any additional comments, if necessary)	
What outcome do you hope to achieve after talking to the appropriate college official(s)? Attach additional sheets, if necessary.	

I understand that information contained in the grievance form will be held confidential to the extent possible. Grievance information may be shared with college officials in order to conduct a thorough investigation. 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 disciplinary policies.

Student Signature: _____ Date: _____

Texarkana College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Human Resources Director, 2500 N. Robison Rd., Texarkana, TX, 75599, (903) 823-3017, human.resources@texarkanacollege.edu