



Student Grievance Form

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Phone Number \_\_\_\_\_ Email [\\_\\_\\_\\_\\_@rams.sccnc.edu](mailto:_____@rams.sccnc.edu)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Grievance Against \_\_\_\_\_ Relationship \_\_\_\_\_

Please complete the following questions. You may use the back of this form if you need additional space. Please attach documents that support your case.

1. Is this an issue regarding a grade? \_\_\_\_\_
2. Is this an issue involving sexual discrimination or harassment? \_\_\_\_\_
3. Is this an issue involving discrimination or harassment based on gender, race, or disability? \_\_\_\_\_
4. Is this an issue regarding the conduct process? \_\_\_\_\_
5. Describe the reason for the grievance. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Did you contact the individual against who you are filing this grievance? \_\_\_\_\_
  - a. If so, when? \_\_\_\_\_
  - b. Provide a description of the contact.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Revised 06.08.2020

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7. Did you meet with the individual's supervisor? \_\_\_\_\_

a. If so, when? \_\_\_\_\_

b. Provide a description of the meeting.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Name(s) and Contact Information of Witness(es)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. How would you like this issue resolved?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Students have the right to use this procedure and are free from threats or acts of retaliation, interference, coercion, restraint, discrimination, or reprisal. Students may not be retaliated against for participating in a grievance as a complainant, respondent, or witness.

Notes

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