OFFICE OF THE UNIVERSITY OMBUDSMAN
REQUEST FOR GRIEVANCE REVIEW MEETING

_____ Mediation Request Waived Date: _____

Name (print): _____ Phone: _____

Address: _____

College: _____ SS#: _____

Signature: _____

Date of event(s) precipitating complaint: _____

Brief statement of complaint: _____

_____
_____
_____
_____

Brief chronology of complaint: _____
_____
_____
_____
_____

TO BE COMPLETED BY MEDIATOR(S)

Student Grievance Policy and Procedures:

Step 1 completed on: _____

Step 2 Mediation – complaint resolved on: _____

No resolution: _____

Step 3 College Hearing Requested: _____

College notified: _____

Mediator(s): _____ / _____
Signature Signature