

UNDERGRADUATE GRADE GRIEVANCE FORM

Name (print): _____

Phone: _____ Email: _____

Address: _____

College: _____ M#: _____

Signature: _____

Date of event(s) precipitating complaint: _____

STEP 2- MEDIATION (voluntary)

Mediation Request Waived Date: _____

TO BE COMPLETED BY THE OFFICE OF THE UNIVERSITY OMBUDS:

Mediation attempted, no resolution Mediation attempted date: _____

Ombuds Representative: _____

STEP 3 – FORMAL RESOLUTION

STATEMENT OF GRIEVANCE FORM

To: _____ Date: _____
Chair, College Grievance Review Committee

From:
Name (print): _____

Signature: _____

Person(s) against whom grievance is directed: _____

Please attach a statement of grievance including a detailed chronology of events.