



# FAULKNER

## COLLEGE OF HEALTH SCIENCES

### Student Academic Complaint and Appeal Record

Policy No. 1903

*For use by students to report both academic grievances, and to be completed  
by students for Academic Appeals.*

*(Submit to the Office of the Dean and Program Director)*

**To be completed by the student and sent to the Office of the Dean and Program Director:**

Student Name \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_

Course Name and Number (if applicable): \_\_\_\_\_

This is: \_\_\_\_\_ An Appeal \_\_\_\_\_ An Initial Complaint

**If an initial complaint,** what is the nature of the complaint (check all that apply.)

- ☐ Inappropriate faculty content, instruction, material, and/or assessment
- ☐ Inappropriate faculty conduct
- ☐ Faculty incompetence in oral or written communication
- ☐ Inequities in assignments
- ☐ Scheduling of class or exams at other than authorized and published
- ☐ times Routinely canceling classes or dismissing students early
- ☐ Deviation from syllabus
- ☐ Failure to provide disability accommodations
- ☐ Inadequate or inappropriate advising
- ☐ Failure to communicate in a reasonable time frame
- ☐ Unfair or inappropriate grading practices
- ☐ Violation of University policies/procedures
- ☐ Other \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Summarize the complaint or appeal below. Be detailed and specific. (Attach additional pages if necessary.)

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Describe action(s) already taken by you (the student) to resolve the matter (if applicable).

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**To be completed by the instructor: (Only for Initial Complaints)**

Describe action(s) taken by the instructor in an attempt to resolve the complaint.

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Instructor Signature\_\_\_\_\_Date\_\_\_\_\_

**To be completed by the Program Director / Chair (Only for Initial Complaints):**

Describe action(s) taken by the Program Director in an attempt to resolve the complaint if unresolved or unable to be resolved at instructor level.

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Program Director Signature\_\_\_\_\_Date\_\_\_\_\_

**To be completed by the Office of the Dean of CHS (for initial complaints if applicable/necessary and appeals):** Describe action(s) taken by the Office of the Dean in an attempt to resolve the complaint if unresolved or unable to be resolved at program director level.

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Office of the Dean Signature\_\_\_\_\_Date\_\_\_\_\_

**To be completed by the Vice President of Academic Affairs (for initial complaints if applicable/necessary and appeals):**

Describe action(s) taken by the VP of Academic Affairs in an attempt to resolve the complain if unresolved or unable to be resolved at Dean's level.

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VP of Academic Affairs Signature\_\_\_\_\_Date\_\_\_\_\_

**FINAL RESOLUTION OF THE ACADEMIC COMPLAINT OR APPEAL**

Describe the final resolution reached.

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Office of Dean Signature\_\_\_\_\_Date\_\_\_\_\_

VPAA Signature\_\_\_\_\_Date\_\_\_\_\_

**\* Turn in completed form to the Office of the Dean who will then forward a copy to the VPAA.**