



FAULKNER

COLLEGE OF HEALTH SCIENCES

Student Complaint Record: Academic

Policy No. 1903

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

To be completed by the student and sent to Program Director:

Student Name _____ Date: _____

Program: _____

Course Name and Number (if applicable): _____

Nature of 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 below. Be detailed and specific. (Attach additional pages if necessary.)

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

***Submit completed form to Program Director.**

**Note: If the nature of the complaint makes it inappropriate for the student to meet with the instructor, program director, or advisor, then the student should submit this form to the Office of the Dean of the College of Health Sciences.*

To be completed by the instructor:

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

Instructor Signature _____ Date _____

To be completed by the Program Director / Chair (if applicable/necessary):

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

Program Director Signature _____ Date _____

To be completed by the Office of the Dean of CHS (if applicable/necessary):

Describe action(s) taken by the Office of the Dean in an attempt to resolve the grievance if unresolved or unable to be resolved at program director level.

Office of the Dean Signature _____ Date _____

To be completed by the Vice President of Academic Affairs (if applicable/necessary):

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

VP of Academic Affairs Signature _____ Date _____

FINAL RESOLUTION OF THE GRIEVANCE/APPEAL

Describe the final resolution reached.

Student Signature _____ Date _____

Signature of Subject of Complaint _____ Date _____

Program Director Signature _____ Date _____

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.**