



FAULKNER

COLLEGE OF HEALTH SCIENCES

Non-Academic Complaint/Grievance Form

For use by students to report non-academic grievances.

Name of Reporting Student _____ Date: _____

Program: _____ Student ID _____

What office, department, service, or facility was involved?

If known, give the name of staff, faculty, or students involved. If unknown, give a description or write "unknown."

List all individuals present during the incident? It is always helpful to have others who witness the situation - please name anyone who can give a first-hand account. In the list, include yourself and whoever else was involved in the situation. If no one else was present, just put 'N/A'

Date of Incident: _____

Where did this happen? (Ex: on or off campus, building, parking lot, specific room, etc.)

Describe the situation of your complaint, incident, or grievance in detail. (Attach additional pages if needed.)

Has any other University employee been involved or informed? If so, who?

In your opinion, how could this situation be resolved? What resolution are you seeking?

***Please submit to the Office of the Dean for CHS.**

Student Signature _____ Date _____