



# 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.)

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\_\_\_\_\_

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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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