



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:

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 _____

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 Assistant Dean of Academics (if applicable/necessary):

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

Assistant Dean Signature _____ Date _____

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

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

Dean of CHS 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

To be completed by the Vice President of Academic Affairs in all cases:

Describe the final resolution reached.

VP of Academic Affairs Signature _____ Date _____

*** Turn in completed form to the Vice President of Academic Affairs for completion and to the CHS Assistant Dean of Academics for filing.**