BRUNSWICK
COMMUNITY COLLEGE

Student Greievance Form

This form is to be used by students to begin the formal Student Grievance Procedure. This form **must** be completed by the student filing the grievance.

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

BOX A - DEMOGRAPHIC INFORMATION OF STUDENT SUBMITTING GRIEVANCE

1. FULL NAME			2. BCC ID #
LAST NAME	FIRST NAME	MIDDLE NAME	
3. DAYTIME PHONE #	**4. CELL PHONE #**		**5. DATE OF BIRTH**
6. ADDRESS			
STREET	CITY	STATE	ZIP CODE

BOX B - DETAILS OF GRIEVANCE

1. DATE(S) OF INCIDENT(S)	2. LOCATION(S) OF INCIDENT(S)	3. WITNESS(ES) OF INCIDENT
4. PERSON(S) INVOLVED	**5. DEPARTMENT OR TITLE OF PERSON(S) INVOLVED**	

6. DESCRIPTION OF INCIDENT

Please provide a written, detailed statement of the grievance. This statement should clearly outline and describe the grievance. Please provide facts and evidence to support the alleged incidence and a history of the attempt(s) to resolve the grievance.

If additional room is needed, please attach a typed statement to this form.

BOX C - SIGNATURE

SIGNATURE	DATE
PLEASE PRINT & SIGN THIS FORM	

AFTER COMPLETION, PLEASE PRINT AND SIGN THE FORM AND SUBMIT TO COUNSELING & STUDENT LIFE IN STUDENT SERVICES.