

BRUNSWICK

COMMUNITY COLLEGE

STUDENT GRIEVANCE 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 <small>LAST NAME</small> | <small>FIRST NAME</small> | <small>MIDDLE NAME</small> | 2. BCC ID # | |
| 3. DAYTIME PHONE # | 4. CELL PHONE # | | 5. DATE OF BIRTH | |
| 6. ADDRESS <small>STREET</small> | | <small>CITY</small> | <small>STATE</small> | <small>ZIP CODE</small> |

| 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 <i>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.</i> | | |

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

| BOX C - SIGNATURE | |
|-------------------|-------------|
| SIGNATURE | DATE |

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