

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			
Last Name	First Name	Middle Name	BCC ID#
Daytime Phone Number		Cell Phone Number	Date of Birth
Address – Street	City	State	Zip

BOX B – DETAILS OF GRIEVANCE		
1. DATES OF INCIDENT(S)	2. LOCATION(S) OF INCIDENT(S)	3. Witness(es) of incident
4. PERSON(S) INVOLVED		5. DEPARTMENT OF TITLE OF PERSON(S) INVOLVED
6. DESCRIPTION OF INCIDENT:		

IF ADDITIONAL ROOM IS NEEDED, PLEASE ATTACH A TYPED STATEMENT TO THIS FORM.

7. WHAT RESOLUTION ARE YOU LOOKING FOR?

BOX C - SIGNATURE	
SIGNATURE <small>PLEASE PRINT & SIGN THIS FORM</small>	DATE

AFTER COMPLETION, PLEASE PRINT AND SIGN THE FORM AND SUBMIT TO THE STUDENT SERVICES OFFICE.

“Brunswick Community College does not discriminate on the basis of race, religion, color, national origin, gender, age, political affiliation, genetic information, sexual orientation or disability.”