

STUDENT FORMAL GRIEVANCE FORM



Please return the completed form to Linda Hampton, Executive Director of Conduct, Appeals & Compliance, Room J-133, 3300 Macon Tech Dr. Macon, Ga. 31206, lhampton@centralgatech.edu, phone: (478) 757-3408, fax: (478) 471-5197. You will be contacted within 5 business days after receipt of this form.

Internal Use Only

Date Received: _____ Initial: _____
Date Received: _____ Initial: _____

STUDENT INFORMATION

Name: _____ Telephone: _____ Student ID: _____

Mailing Address: _____

COMPLAINT FILED AGAINST: Student Faculty Staff

Name: _____ Title/Department: _____

Date of Incident: _____ Location of Incident: _____

Witness (es): _____ Telephone: _____

Witness (es): _____ Telephone: _____

STATE FORMAL COMPLAINT OR GRIEVANCE: *(Please provide a factual description of the complaint or grievance).*

DESCRIPTION OF INCIDENT OR CONCERN: *(Please include timeline of events leading up to the incident).*

HAVE YOU ATTEMPTED TO RESOLVE THIS SITUATION OR GRIEVANCE? *(If so, please include all previous attempts you have taken to resolve this issue in good faith).*

HOW WOULD YOU LIKE TO SEE THIS ISSUE RESOLVED?

STUDENT SIGNATURE: _____ **DATE:** _____