

## SUBMISSION OF GRIEVANCE FORM – FORMAL APPROACH

Full Name			
Course			
Group Code		Campus	
Email		Phone	
I have addressed my grievance with the people involved			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details on the action you have taken to remedy this prior to submitting this grievance			
If No, why not			
Please state the type of Grievance			
<input type="checkbox"/> Academic		<input type="checkbox"/> Non- Academic	
Please state your grievance below. Please be specific using facts, dates, times and names of people involved.			
<input type="checkbox"/> I acknowledge that the people mentioned in the above grievance will be contacted and their account will be assessed in conjunction with this grievance.			

List of documentation and/or evidence attached to support this grievance	
What is your anticipated outcome from this grievance	
Student signature	Date:     /     /
No electronic signature. Please print the form and sign this document	

<b>OFFICE USE ONLY</b>		
Form received by Grievance Officer		On (date)     /     /
Grievance Officer contacted all parties involved in grievance	On (date)	/     /
Grievance Officer responded in writing to grievance	On (date)	/     /
Outcome:		
Grievance Officer:		On (date)     /     /