



Student Academic Grievance Form

Contact Information

Student name: _____ Student SIS number: _____

Phone: _____ Student GCC email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Course Information

Course subject and number (e.g. ENG 101): _____

Class number (e.g. 11111): _____ Semester: _____

Instructor name: _____

I CERTIFY THAT MY FOLLOWING STATEMENTS ARE TRUE, CORRECT, AND COMPLETE.

Student signature

Date

PLEASE CHECK THE BOX OF THE TYPE OF ACADEMIC GRIEVANCE YOU ARE SUBMITTING:

- Grade
 Exam
 Instructor
 Withdrawal
 Assignment
 Other academic issue (please specify) _____

DESCRIBE THE NATURE OF YOUR COMPLAINT AS THOROUGHLY AS POSSIBLE, PROVIDING DATES AND DETAILS.
GIVE REASONS FOR YOUR POSITION.

WHAT DOES THE COURSE SYLLABUS STATE ABOUT AREAS RELATED TO YOUR GRIEVANCE?

EXPLAIN IN ONE OR TWO SENTENCES WHAT YOU FEEL SHOULD BE DONE TO REMEDY THE SITUATION.

Attach all documents or materials related to your grievance, for example, syllabus, test results, grading rubric, and emails.

**STEP
1**

The first step in the grievance process is to discuss the issue with your **instructor** to try to resolve the issue. This step must be done within 15 working days of the occurrence of the issue.

Meeting Summary

Date of the meeting: _____

Student:

Student signature

Date

Instructor:

Instructor signature

Date

**STEP
2**

IF AND ONLY IF the issue is still unresolved, the next step in the grievance process is to submit this completed Student Academic Grievance form to the **Department Chair** within 10 working days of meeting with the instructor. The Department Chair will work with all parties to try to resolve the issue.

Meeting Summary		Date of the meeting: _____
Student:		

Student signature	Date	
Department Chair:		

Department Chair signature	Date	

**STEP
3**

If the issue is not resolved at step 2 within 10 working days, submit this paperwork to the **Dean's office** with an explanation of the actions taken in steps 1 and 2. The appropriate administrator will meet with the student, faculty member, and the Department Chair to resolve the issue.

Meeting Summary		Date of the meeting: _____
Student:		

Student signature	Date	
Dean:		

Dean signature	Date	