



# Palo Verde College Statement of Grievance Form

Please print or type this form and return it to:

Check one:

Academic Matter \_\_\_\_\_

Non-Academic Matter \_\_\_\_\_

Submit Statement of Grievance Form to Vice President of Instruction and Student Services

Name: \_\_\_\_\_ Student I.D. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

1. My complaint is about: (Please check only one which applies.)

- |  |  |
|--|--|
| a. <input type="checkbox"/> Faculty                | d. <input type="checkbox"/> Classified Staff       |
| b. <input type="checkbox"/> Department Chairperson | e. <input type="checkbox"/> Another Student        |
| c. <input type="checkbox"/> Administrator          | f. <input type="checkbox"/> Other (Please specify) |

2. Name of person, college person, etc. \_\_\_\_\_

Have you discussed this with the person involved? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Statement of allegation/complaint: (Attach additional sheets if necessary)

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4. Date allegation/complaint occurred: \_\_\_\_\_

5. What resolution(s) do you propose?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is correct.

\_\_\_\_\_  
Signature of Complaint

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Person Receiving Complaint

\_\_\_\_\_  
Date

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Administrator Name: \_\_\_\_\_ Division/Dept: \_\_\_\_\_

Outcome/Resolution (Attach additional sheets if needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Satisfactory resolution achieved:

Yes \_\_\_ (Grievance process completed. Administrator signs and returns completed form)

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

No \_\_\_ (Student may submit the Request for Student Grievance Hearing form)