

Mt. San Antonio College Statement of Grievance Form

Student Name: _____ Date _____

Student ID # _____ E-mail _____@student.mtsac.edu

Check One: Academic (Faculty) Non-Academic (Faculty or Staff)

If Academic, check only the categories that apply (*each category checked must have support documentation*)

Mistake Fraud Bad Faith Incompetency

If Non-Academic, specify: _____

Date Initiated (Level I) _____

Due Date (Level I) _____
(20 school days from initiation date)

Due dates are established by the Student Life Director

IT IS THE STUDENT'S RESPONSIBILITY TO ENSURE THAT ALL DEADLINE DATES ARE MET

Level I – (Informal Process – Statement of Grievance)

- instructor-involved (or employee/supervisor for non-academic grievances)
- appropriate Department Chairperson or Department representative designated by the College
- Division dean or supervisor of the employee

Name of Instructor/Staff Member: _____

Class (if appropriate) or Department: _____

Specify your Grievance: _____

Requested Outcome (*specify the solution/action you want taken*):

By signing below, I acknowledge that the information submitted is true.

Student Signature

Date

RESPONSE TO LEVEL I - *Documentation of attempts to resolve through Informal Action*

Response from instructor-involved (or employee/supervisor for non-academic grievances)

By signing below, I acknowledge that the information submitted is true.

Instructor/ Staff Member Signature

Date

Response from appropriate Department Chairperson or Department representative designated by the College

Department Chair/ Rep. as designated

Date

Response from division dean or supervisor of the employee

Dean or Supervisor Signature

Date

I Agree/Disagree (*circle one*) with the outcome of Level I
I will /will not (*circle one*) proceed to Formal Level II- Grievance Review

Student Signature

Date