

STUDENT FORMAL GRIEVANCE FORM



Please return the completed form to Cathy Johnson, Executive Director of Conduct, Appeals & Compliance; Room A-136, 80 Cohen Walker Drive, Warner Robins, GA 31008; Phone: (478) 218-3309; Fax: (478) 471-5197; Email: cajohnson@centralgategatech.edu. 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: _____

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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:** _____