

BRUNSWICK COMMUNITY COLLEGE

STUDENT GRIEVANCE FORM

This form is to be used by students to begin the formal Student Grievance Procedure. This form **must** be completed by the student filing the grievance.

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

BOX A - DEMOGRAPHIC INFORMATION OF STUDENT SUBMITTING GRIEVANCE				
1. FULL NAME <small>LAST NAME</small>	<small>FIRST NAME</small>	<small>MIDDLE NAME</small>	2. BCC ID #	
3. DAYTIME PHONE #	4. CELL PHONE #		5. DATE OF BIRTH	
6. ADDRESS <small>STREET</small>		<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>

BOX B - DETAILS OF GRIEVANCE		
1. DATE OF INCIDENT	2. LOCATION OF INCIDENT	3. WITNESS(ES) OF INCIDENT
4. PERSON(S) INVOLVED		5. DEPARTMENT OR TITLE OF PERSON(S) INVOLVED
6. DESCRIPTION OF INCIDENT <i>Please provide a written, detailed statement of the grievance. This statement should clearly outline and describe the grievance. Please provide facts and evidence to support the alleged incidence and a history of the attempt(s) to resolve the grievance.</i>		

If additional room is needed, please attach a typed statement to this form.

BOX C - SIGNATURE	
SIGNATURE <small>PLEASE PRINT & SIGN THIS FORM</small>	DATE

AFTER COMPLETION, PLEASE PRINT AND SIGN THE FORM AND SUBMIT TO COUNSELING & STUDENT LIFE IN STUDENT SERVICES.