

Mendocino-Lake Community College District

Student Grievance Process Form

Part A must be completed and submitted to the appropriate Administrator after completing information stage (Step 1) within 10 days of the incident.

PART A

Student Information

Name: _____ Student ID: _____

Address: _____ Phone Number: _____

Street

City

State

Zip

Email: _____

Documentation of Grievance

Respondent Name: _____ Title: _____

Date of Grievance: _____

Date of Completion of Informal Stage (Step 1): _____

Describe in detail your grievance or complaint. This information will be used in the formal resolution of your grievance (attach additional pages if needed):

Describe your Informal Stage (Step 1) meeting with the Respondent(s):

Are there witnesses who can provide additional information regarding this grievance/complaint? If YES, please list name(s), phone number(s), and a brief summary of their involvement as a witness (attach additional pages if needed). If NO, please skip to signature portion of Part A.

Witness #1

Name: _____ Phone or Email: _____

Summary of Involvement: _____

Witness #2:

Name: _____ Phone or Email: _____

Summary of Involvement: _____

What resolution would best address your concerns (attach additional pages as needed):

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature of Grievant: _____ Date: _____

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Part B must be completed by Grievance Officer (respondent's supervisor or appropriate administrator).

PART B

Grievance Officer Information

Name: _____ Title: _____

Record of Informal Stage

Student Name: _____

Respondent Name: _____ Title: _____

Date of Grievance: _____

Informal Stage Dates: _____

Step 1

Step 2

Provide a summary of Step 2 (attach additional pages if needed):

Recommended Resolution:

Grievance Officer Signature:

Date:

Student has three (3) business days to submit Request for Grievance Hearing Form if dissatisfied with the Recommended Resolution.

Mendocino-Lake Community College District

Request for Grievance Hearing Form

This form must be submitted to the appropriate supervising Vice President within (3) days of the meeting with the Respondent's supervisor.

Student Information

Name: _____ Student ID: _____

Address: _____ Phone Number: _____

Street

City

State

Zip

Email: _____

Record of Informal Stage (A formal grievance will not be evaluated if all steps in the Informal Stage have not been sought.)

Respondent Name: _____ Title: _____

Date of Grievance: _____

Informal Stage Dates: _____

Step 1

Step 2

Request to Pursue Formal Grievance Process

Describe the reason(s) why the supervisor's Recommended Resolution was not accepted:

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature of Grievant: _____ Date: _____