



HARTNELL COMMUNITY COLLEGE DISTRICT STUDENT GRIEVANCE PROCEDURE

Please Print or Type:

Name: _____ Student I.D.or SSN: _____

Address: _____
Street or PO Box City State Zip

Telephone: _____
Home Work Cell e-mail address

I wish to file a complaint against (name of person/s): _____

Please describe in detail your complaint: _____

Date(s) of alleged incident: _____

If there is anyone who could provide additional information regarding this complaint, please list name(s), address(es), and phone number(s):

Name Address Telephone

Name Address Telephone

How would you like to see this grievance resolved?: _____

I declare under penalty of perjury that the above information is true and correct.

Signature of Complainant Date

- FOR ADMINISTRATIVE USE ONLY -

1. The student/staff/faculty member _____ was consulted on _____ and the complaint was resolved/unresolved.
(Name) (Date)
2. The V.P. of Student Services or the V.P. of Instruction or Director of Human Resources was consulted on _____ and the complaint was resolved/unresolved.
(Date)
3. The Hearing Board Review was consulted on _____ and the complaint was resolved/unresolved.
(Date)
4. An appeal to the President was made on _____ and the complaint was resolved/unresolved.
(Date)

This complaint was resolved with the following results: _____

This is to certify that this complaint was resolved at Step _____, and that all parties involved have reached an agreement.

Signature of Complainant Date Signature of Administrator Date