# **Formal Grievance Form**

Once the form has been completed and submitted to Grievances@chattahoocheetech.edu, AND you receive email confirmation your complaint will be categorized as officially received and noted by the College.

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| The Formal Grievance process allows students and community members to file documented complaints against the college or individuals at the college. All Title IX complaints should be filed through the Title IX coordinator not through the Grievance process. | I am Filing this Grievance as a:  |
| [ ]  Student [ ]  Faculty/Staff [ ] Community Member |
| *Name* *Student ID* |
| Name Student ID number (if applicable) |
| *Phone 1* *Phone 2* |
| Phone Number 1 Phone Number 2 |
| *Email Address* |
| Email Address |
| *Confirm Email Address* |
| Confirm Email Address |
| *Click here to enter text.* |
| Mailing Address |
|  |
| *City* *State* *Zip* |
| City State Zip Code |
|   |
| Have you brought this matter to the attention of any other department at the College or local police? If so, please list the names(s) and department(s) of all other persons with whom you have discussed this matter.  |
|  |
| Type of Complaint (Check all that apply) |
| [ ] Instruction/ Academic Affairs |
| [ ] Services Received |
| [ ] Technology/Banner/Blackboard |
| [ ] Financial Aid/Bursar/Cashier |
| [ ] Bookstore |
| [ ] Admissions/Customer Service |
| [ ] Advising/Disability Services/Textbook Lending |
| [ ] Complaint against a specific Student |
| [ ] Complaint against a specific Faculty/Staff member |
| [ ] Other *Click here to enter text.* |

# **Detail Grievance Form**

Please complete the entire form and either email a copy to grievance@chattahoocheetech.edu or send a copy to 980 S. Cobb Drive, Marietta, GA Attn: Dr. Lauren Lunk. You will receive a copy of the signed formed via the provided email address for your records.

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| **Complaint:** Describe your complaint. Please summarize below and attach any additional notes, documentation, or pages as necessary. |
|  |
|  |
| Name of Person(s) and/or Departments you believe committed the offense against you and their relationship to you (relationship information requested means supervisor, co-worker, faculty, classmate, etc.)  |
|  |
|  |
| Describe the Corrective action you are seeking. Attach additional pages or documentation if necessary. |
|  |
| **Witnesses** (relationship information requested means supervisor, co-worker, faculty, classmate, etc.) |
| *Witness1* *Relationship1* *Telephone1* |
| 1. Relationship Telephone
 |
| *Witness2* *Relationship2* *Telephone2* |
| 1. Relationship Telephone
 |
| *Witness3* *Relationship3* *Telephone3* |
| 1. Relationship Telephone
 |
|  |
| **I certify the aforementioned is true and correct (Please either Type your full name, or provide a signature)**Type Name |
| Your Name Date |
|   |
| **For the Grievance Office****Complaint taken by:** |
|  |
| Signature Print Name Date |
|  |