

# Formal Grievance Form

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

<p>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.</p>	I am Filing this Grievance as a:		
	<input type="checkbox"/> Student	<input type="checkbox"/> Faculty/Staff	<input type="checkbox"/> Community Member
	Name		Student ID number (if applicable)
	Phone Number 1		Phone Number 2
	Email Address		
	Confirm Email Address		
	Mailing Address		
	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.		
	<hr/> <hr/> <hr/> <hr/>		
Type of Complaint (Check all that apply)			
<input type="checkbox"/> Services Received			
<input type="checkbox"/> Technology/Banner/Blackboard			
<input type="checkbox"/> Financial Aid/Bursar/Cashier			
<input type="checkbox"/> Bookstore			
<input type="checkbox"/> Admissions/Customer Service			
<input type="checkbox"/> Advising/Disability Services/Textbook Lending			
<input type="checkbox"/> Complaint against a specific Student			
<input type="checkbox"/> Complaint against a specific Faculty/Staff member			
<input type="checkbox"/> Other			

## Detail Grievance Form

Please complete the entire form and email a copy to [Grievances@chattahoocheetech.edu](mailto:Grievances@chattahoocheetech.edu).

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.)

	Relationship	Telephone
1.		
2.		
3.		

**I certify the aforementioned is true and correct (Please either Type your full name, or provide a signature)**

Your Name

Date

**For the Grievance Office  
Complaint taken by:**

Signature

Print Name

Date