



# UNDERWOOD UNIVERSITY

## FORMAL GRIEVANCE REPORTING FORM

*NOTE: Before completing and submitting this form, please review the Underwood University Grievance Policy, available in the Catalog, Student Handbook, and posted throughout the campus. Please do not submit a Formal Grievance Report unless and until all informal attempts at resolution have failed. The information you submit herein is private and confidential, and will only be shared with the Director of Student Affairs, the President of Underwood University, the person or persons involved, and/or any committee convened to investigate this matter. Please note that all grievances must be filed within thirty [30] days of the original issue that caused the grievance.*

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Student ID#: \_\_\_\_\_

### BASIS OF GRIEVANCE

- \_\_\_\_\_ Complaint involving another student
- \_\_\_\_\_ Complaint involving a university staff or faculty member
- \_\_\_\_\_ Complaint involving a university service or department
- \_\_\_\_\_ Other (please specify): \_\_\_\_\_

### INCIDENT INFORMATION

Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Location: \_\_\_\_\_

Person(s) against whom you wish to register the complaint (give full names if possible):  
\_\_\_\_\_

Describe the incident in as much detail as possible. Use extra pages if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[continued]

**WITNESSES**

*Please list the names and contact information of anyone who can corroborate the details above. Use additional pages if necessary.*

Name: \_\_\_\_\_

Contact information (if known): \_\_\_\_\_

Name: \_\_\_\_\_

Contact information (if known): \_\_\_\_\_

Name: \_\_\_\_\_

Contact information (if known): \_\_\_\_\_

**RESOLUTION DESIRED**

*Please explain how this issue can be resolved to your satisfaction*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby declare that the information on this form is true, correct, and complete, to the best of my knowledge. I understand that institutional action regarding this matter is subject to review of this report by Underwood University administration, that I may be called upon to give further details or evidence, and that Underwood University has ten (10) business days to respond to this grievance, beginning from the date of receipt of this form. I understand that any misrepresentation of information on this form may result in disciplinary action against me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return this form to the Director of Student Affairs or the Office of the President, as outlined in the Underwood University Grievance Policy. This form will be kept securely in the Office of the President.*

----- OFFICE USE ONLY -----

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Action taken: \_\_\_\_\_