

California State University, San Bernardino

STUDENT NON-ACADEMIC GRIEVANCE FORM

The Student Non-Academic Grievance Policy was established to provide students a procedure to file non-academic grievances. Students who file a grievance are required to cooperate with the investigation/review, including but not limited to, attending meetings, being forthright and honest during the process and keeping confidential the existence and details of the investigation/review.

Instructions: **Please fill in all of the information requested below as completely as possible.**

Last Name: _____ **First Name:** _____ **MI:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Work Phone: _____ **Home Phone:** _____ **Cell Phone:** _____

Best time to call _____ **AM** **PM** **Email:** _____

Currently Enrolled? Yes No **Student I. D. Number:** _____

Last CSUSB Quarter Attended: _____

1. Identify the employee(s) of the University against whom the allegations are made: his/her position, job title, and the relationship to you, e.g. instructor, etc. Attach additional pages to this form if necessary.

Accused Employee's Name: _____ **Job Title:** _____

Department/College: _____ **Relationship to You:** _____

Accused Employee's Name: _____ **Job Title:** _____

Department/College: _____ **Relationship to You:** _____

Accused Employee's Name: _____ **Job Title:** _____

Department/College: _____ **Relationship to You:** _____

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1. Describe the actions/practices of the university giving rise to your grievance. **Attach additional pages to this form if necessary.**

2. Describe the incident(s) or event(s), date(s), time(s), and location(s) giving rise to your complaint. **Attach additional pages to this form if necessary.**

3. To whom have you gone for resolution of the grievance? What did you or others do to try to resolve the grievance? What was the outcome?

4. Identify individuals who may have observed or witnessed the incident(s) that you described.

Position/Job Title: _____

Last Name: _____ First Name: _____ M.I. _____

Telephone: _____ Cell Phone: _____ Email: _____

Position/Job Title: _____

Last Name: _____ First Name: _____ M.I. _____

Telephone: _____ Cell Phone: _____ Email: _____

Position/Job Title: _____

Last Name: _____ First Name: _____ M.I. _____

Telephone: _____ Cell Phone: _____ Email: _____

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5. Do you have any documents that support your allegation? Yes No (Please list and attach a copy.)

6. Describe how you would expect the complaint to be resolved. Be as specific as possible.

You may elect to have an advisor present at meetings/interviews. If you indicate you will have an advisor, you are authorizing that individual to accompany you to meetings and/or interviews regarding the complaint. The role of the advisor is limited to observing and consulting with you.

7. If you will be accompanied by an advisor, provide the name, address, and telephone number of your advisor.

Last Name: _____ First Name: _____ M.I. _____

Telephone: _____ Cell Phone: _____

AUTHORIZATION

I CERTIFY THAT THE INFORMATION IN THIS COMPLAINT IS TRUE AND CORRET TO THE BEST OF MY KNOWLEDGE OR BELIEF.

Print Name of Student: _____

Signature of Student: _____

Date: _____