



Student Grievance/ Appeal Form

<input type="checkbox"/> Academic
<input type="checkbox"/> NonAcademic
<input type="checkbox"/> Accommodation

NAME OF STUDENT GRIEVANT: _____ DATE: _____

CURRENT ADDRESS: _____

CURRENT TELEPHONE NUMBER:(_____) _____ E-MAIL ADDRESS: _____

Please attach all relevant information and documents.

DATE ON WHICH THE PROBLEM OCCURRED: _____

OUTLINE THE GRIEVANCE IN THE SPACE BELOW. (YOU MAY ATTACH A DOCUMENT IF NECESSARY.)

OUTLINE THE MEASURES WHICH HAVE BEEN TAKEN TO REMEDY THIS GRIEVANCE WITH THE INSTRUCTOR OR STAFF MEMBER PRIOR TO SUBMISSION OF THIS GRIEVANCE.

If no measures have been taken to remedy this grievance with the instructor or staff member, the College recommends this action prior to seeking a grievance.

OUTLINE THE REMEDY (REMEDIES) SOUGHT IN THE SPACE BELOW. (YOU MAY ATTACH A DOCUMENT IF NECESSARY.)

Student Signature: _____ Date: _____

The use of this form is required by the COTO Student Grievance Procedure , COPP (College Operating Policies & Procedures) 5.55. Student are advised to refer to the Student Handbook, available online on the college website, www.coto.edu.

AUTHORIZED USE ONLY

DATE RECEIVED: _____ VP OR COMMITTEE CHOSEN: _____

DATE COMMITTEE MET: _____ DATE RESOLVED: _____ DATE DECISION SUBMITTED: _____

ACTION TAKEN: _____