SCC STUDENT NON- ACADEMIC GRIEVANCE FORM

Name ____________________________ Student ID# ____________________________ Date ____________

Address __________________________ City __________________________ State ____________ Zip ____________

Day Phone # __________________________ Evening Phone # __________________________

PROGRAM OF STUDY: __________________________________________________________

DATE(S) GRIEVABLE ISSUES OCCURRED: __________________________________________

ACCORDING TO THE SCC COLLEGE CATALOG, A NON-ACADEMIC GRIEVANCE IS DEFINED AS:

“a formal difference or dispute between a student and a college employee about the interpretation and/or application of the policies and procedures of the campus or college that negatively affects the student. A non-academic grievance may be based on one of the following claims: arbitrary and/or capricious actions by a college employee or administrative office; policy or procedure applied unfairly and/or in a different manner than it was applied to others; administrative error in the application of the policy or procedure. “

Please describe the alleged violation of stated College policy or procedure:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

1. Have there been attempts to resolve this grievance through the informal procedure? □ Yes □ No
   Please provide name(s) of College staff involved in the informal grievance resolution procedure:
   ______________________________________________________________________________________

2. Describe the results of attempting to resolve the grievance informally:
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
Please describe the resolution being requested:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Please complete the following statements:

Students filing a grievance are permitted to appear in person to discuss their grievance. Please indicate the following:

_______ I request to appear in person to review my complaint.
_______ I do not wish to appear before the grievance committee.

A witness and/or an advisor with specific personal knowledge of the situation is permitted to attend. This person will not be permitted to speak independently for the student or in his/her stead. Please indicate the following:

_______ I do not intend to invite a witness/advisor to the hearing.
_______ I request that the following witness attend the hearing: ________________________________

STUDENTS WILL BE NOTIFIED ABOUT THE STATUS OF THEIR GRIEVANCE WITHIN FIVE (5) DAYS OF RECEIPT OF THIS FORM UNLESS AN ALTERNATE DATE HAS BEEN MUTUALLY AGREED UPON.

For additional information on the Grievance Hearing Process, please consult the SCC Student Handbook or current SCC College Catalog under the section Grievance/Hearing/Appeal Procedures for Students.

***Please submit this completed form to the Dean of Students. Be sure to include any additional documentation to be reviewed by the Grievance Hearing Committee***

_________________________________________ Date _________________
Signature of Student

Grievance Received by Dean of Student Service