

## Formal Non-Academic Grievance

This form is to be used by students who have a non-academic grievance they have not been able to resolve through informal discussion. Providing the information below and confirming your contact details will assist staff at Think: Colleges to address your grievance in a timely manner. Failure to provide the requested information may result in a delay in processing your grievance.

Family Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Student No.: \_\_\_\_\_ Date: \_\_\_\_\_

College: \_\_\_\_\_ Course: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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Please tick which type of non-academic grievance applies:

Operations	<input type="checkbox"/>
Administration	<input type="checkbox"/>
Sexual Harassment	<input type="checkbox"/>
Racial or Sexual Discrimination and Harassment	<input type="checkbox"/>
Physical Abuse	<input type="checkbox"/>
Verbal Abuse	<input type="checkbox"/>
Other, please explain _____	<input type="checkbox"/>

The date of the incident was (day/month/year, include date range where appropriate):

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The people or department(s) involved in the incident were:

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The incident occurred:

In a classroom, please specify room _____	<input type="checkbox"/>
In a common area on campus _____	<input type="checkbox"/>
Other location, please specify _____	<input type="checkbox"/>

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The details of the grievance are as follows:

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I would like the following action(s) to be taken by the College/Division:

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I attempted to resolve this grievance informally as listed below:

Date of Discussion	Person I spoke with	Discussion Notes/Outcome

If you have any documentation to support your case, please submit them along with this form.

DECLARATION		
I declare that the information I have given on this form is true and correct.		
Student Signature:	Date:	Date Received:
		Office Use Only Office Use Only Office Use Only Use Only Office Use Only
This form must be completed and submitted to Think: Student Services.		