Formal Student Grievance Complaint Form

Last name  First name  Middle initial

Z-ID  Phone number  Email address

Major college  Major department

Today’s date  Date of alleged act(s)

Who is this grievance against? 

Describe the act for which you are filing a grievance:

Describe the steps of informal resolution that you sought:

With whom did you meet to seek informal resolution? The faculty or staff member’s immediate supervisor must be included in the informal resolution process.

Name  Department

Name  Department

On what date did you seek informal resolution: _____________________________
Witness(es) if any:

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<th>Name</th>
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Describe how the act has adversely affected your status, rights, or privileges in a substantive way:

What is the resolution you hope to achieve?

I, the undersigned, do hereby authorize the student grievance committee and any designated university officials, pursuant to the procedures established in Article 6 of the NIU Bylaws, to conduct inquiries or investigation procedures as needed with respect to the investigation/resolution of this grievance. I understand that information regarding my grievance may be shared with applicable university officials in order to acquire sufficient information with respect to the investigation as well as any follow-up activities that may be required in relation to the university’s response to my grievance. I also authorize the university to use whatever information may be obtained with respect to this grievance in any legal or formal grievance proceedings that may involve the issues contained herein. I affirm that I have read the above grievance and that it is true to the best of my knowledge, information, and belief.

Signature  

Date

Chair of University Council  

Date