

Date Received: _____
Date of Hearing: _____
Date Completion: _____

**AP 5530**

## Statement of GRIEVANCE Form

**NOTICE TO STUDENTS:** The function of the Grievance Committee is to consider grievance against any member of the academic community. The Grievance Committee meets as needed. Upon receipt of the written grievance, the committee shall conduct a formal review of the grievance within a reasonable period of time on the charge (s), in no case later than 10 days. The Grievance Committee Procedures will be followed as described on the attachment to this document.

**PROCEDURE:** Complete the information requested below. Return the "Statement of Grievance Form" to the Office of the Dean of Student Services. You will be contacted after the review of the grievance as to the next step in process.

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Name (Last) (First)

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Address

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Email address

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MPC ID Phone number (A number where you can be contacted)

I am submitting the Statement of Grievance form for the following reason(s):  
(Please check all that apply)

- a. A grade that involves a mistake, fraud, bad faith, or incompetency.
- b. Act or threat of intimidation or harassment or threat of physical aggression.
- c. Arbitrary action imposition of sanctions without proper regard to academic due process specified in college procedures.
- d. Violation of student rights which are described in college rules and regulations.
- e. Other

I have initiated the grievance by doing the following:

- a. Conferred with the faculty member, administrator, or classified person directly involved in the grievance.
- b. Not satisfied with the initial meeting with the staff member and have conferred with the supervisor of that person.
- c. I believe that the issue has not be resolved satisfactorily at these levels, and I am requesting a hearing by the Grievance Committee to consider the grievance.

(Please use the next section of this form to specify the staff member(s), time (s), place (s), and nature of the grievance.)



STAFF MEMBER: \_\_\_\_\_

TIME: Date \_\_\_\_\_ Time: \_\_\_\_\_

PLACE: \_\_\_\_\_

NATURE of the GRIEVANCE:  
(Attach additional pages if needed)

DESIRED OUTCOME:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date