

## **Student Grievance Form**

The purpose of the grievance procedure is to provide students with a system to channel complaints against Mitchell Community College faculty, staff or administration concerning the following: (1) alleged discrimination on the basis of age, sex, race, ability or other conditions; (2) sexual harassment; (3) academic matters, excluding individual grades, except where the conditions in (above) item number one apply; or (4) Failure to comply with State Authorization Reciprocity Agreement (SARA) requirements.

Details of the grievance procedure are published on **page (26)** of the **Student Handbook**. To initiate a grievance review, complete this form. The form is submitted directly to the Vice President for Student Services, who will respond to students within (5) business days of receiving this grievance.

Based	on t	he g	rievance criteria above, please check the box	x that best des	cribes your griev	/ance:
	☐ 1. Alleged discrimination based on age, sex, race, ability, or another condition					
		2.	Sexual harassment			
	☐ 3. Academic matters, <i>excluding</i> individual class grades (except where conditions of discrimination or sexual harassment may apply)					
		4.	SARA: State Authorization Reciprocity Agreem	ent		
<b>NOTE</b> : Students who wish to <i>appeal grades</i> should contact Richard Zollinger, Interim Vice President for Instruction, at <a href="mailto:rzollinger@mitchellcc.edu">rzollinger@mitchellcc.edu</a> or (704) 878-3264.						
<b>Use the space below to provide details of your complaint. Note</b> : you may attach a typed letter or other supporting documents when submitting this grievance.						
Semes	ter a	and `	Year alleged incident(s) occurred: ☐ Fall	☐ Spring	□Summer	Year
Date (	Griev	ance	e Filed with Mitchell Community College			
Name	lame of Student (Please print)			Student ID #		
Signature of Student				Phone Number		