

AR REF# _____



STUDENT GRIEVANCE FORM

SECTION 1

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|--|------------------------------------|---|--|
| Surname: | | Middle Name | First Name |
| Home Address: | | Work Telephone No.: | Home Telephone No: |
| | | E-mail Address: | Cell Number: |
| Campus: <input type="checkbox"/> Maracas <input type="checkbox"/> Barbados | | <input type="checkbox"/> South <input type="checkbox"/> St. Lucia | <input type="checkbox"/> Tobago <input type="checkbox"/> St. Vincent and the Grenadines |
| Programme: | | Date grievance occurred: | |
| Type of issue: <input type="checkbox"/> Academic | | <input type="checkbox"/> Non-Academic | |
| Summary of issue: <i>(Attach details if necessary)</i> | | | |
| The facts supporting this are: <i>(Use attachments if necessary)</i> | | | |
| The remedial action I would like: <i>(Use attachments if necessary)</i> | | | |
| Grievance forwarded to: | | | |
| <input type="checkbox"/> President, Student Council/ Student Representative | | <input type="checkbox"/> Vice President, Student Affairs/ Site Delegate <input type="checkbox"/> Vice President, Academic Affairs/ Site Delegate | |
| Date: | Signature: | | |
| Grievances must be presented to the Student Council Executive OR the Vice President, Student Affairs either directly or by mail within 30 calendar days of the issue arising. | | | |
| Proposed Action/ Resolution: | | | |
| Date: | President, Student Council: | | |
| Student's response (check one): | | | |
| <input type="checkbox"/> I am satisfied with the outcome and conclude my grievance and am sending it to the Student Affairs Office for filing. | | | |
| <input type="checkbox"/> I am dissatisfied with the outcome and would like my grievance advanced to the Vice President, Student Affairs for action' | | | |
| Date: | Student's Signature: | | |



SECTION 2

STUDENT/ ACADEMIC AFFAIRS DEPARTMENT

| | |
|---|---|
| Date Received: | |
| Response (use attachments if necessary): | |
| Date: | Assigned Vice President: |
| Date Received: _____ | <input type="checkbox"/> I am satisfied with the outcome and conclude my grievance <input type="checkbox"/> I am dissatisfied with the outcome and would like my grievance advanced to the Administrative Committee for action. <input type="checkbox"/> Not applicable |
| Student's response (check one): | |
| Student's comments (optional - [use attachments if necessary]): | |
| Date: | Student's Signature: |

SECTION 3

ADMINISTRATIVE COMMITTEE

| | |
|--|---|
| Date Received: | Date of Administrative Meeting: |
| Administrative Committee members present: | |
| Response (use attachments if necessary): | |
| Date: | President 's Signature: |
| NOTE: The student may request to meet with the Administrative Committee to discuss the grievance if not satisfied with initial response. | |
| Date Received: _____ Student's response (check one): <input type="checkbox"/> I am satisfied with the outcome and conclude my grievance <input type="checkbox"/> I am dissatisfied with the outcome and would like to meet with the Administrative Committee. | After meeting with Administrative Committee Date: _____ <input type="checkbox"/> I am satisfied with the outcome and conclude my grievance <input type="checkbox"/> I am dissatisfied with the outcome and would like my grievance advanced to the Board of Directors for action. |
| Student's comments optional - [use attachments if necessary]: | |
| Date: | Student's Signature: |

AR REF# _____



STUDENT GRIEVANCE FORM

SECTION 4

BOARD OF DIRECTORS

| | | | |
|--|--|--------------------------------------|--|
| Date Received: | | Date of Board of Directors' Meeting: | |
| Board of Directors members present: | | | |
| Response (use attachments if necessary): | | | |
| Date: | Board of Directors Representative's Signature: | Name in Block: | |
| Date Received: _____ | | (Check all that apply) | |
| Student's response (check one): | | | |
| <input type="checkbox"/> I am satisfied with the outcome and conclude my grievance | <input type="checkbox"/> I agree to allow the Board of Governors to rule on my grievance | | |
| <input type="checkbox"/> I am dissatisfied with the outcome and would like my grievance advanced to the Board of Governors for action. | <input type="checkbox"/> I agree to accept the decision of the Board of Governors | | |
| Student's comments (optional - [use attachments if necessary]): | | | |
| Date: | Student's Signature: | | |

SECTION 5 – FINAL RESOLUTION

BOARD OF GOVERNORS

| | | |
|---|--|----------------|
| Date Received: | | |
| Response (use attachments if necessary): | | |
| Date: | Board of Governors Representative's Signature: | Name in Block: |
| Date Received: _____ | Student's response (Check all that apply) | |
| <input type="checkbox"/> I am satisfied with the outcome | <input type="checkbox"/> I accept the decision of the Board of Governors | |
| <input type="checkbox"/> I am dissatisfied with the outcome | <input type="checkbox"/> I conclude my grievance complaint | |
| Student's comments (optional - [use attachments if necessary]): | | |
| Date: | Student's Signature: | |