

SECTION 1

Surname:	Middle Name		First Name		
Home Address:	Work Telephon	e No.:	Home Telephone No:		
	E mail Address		Call Number		
	E-mail Address	•	Cell Number:		
Campus: Maracas	South		☐Tobago		
□Barbados	□St. Lu		St. Vincent and the Grenadines		
Programme:		Date grievance occurr	ed:		
Type of issue:	☐ Academic	☐ Non-Academic	;		
Summary of issue:			(Attach details if necessary)		
The facts supporting this are	ə:		(Use attachments if necessary)		
The remedial action I would	like:		(Use attachments if necessary)		
Grievance forwarded to:					
☐ President, Student Council	Student Representative	☐ Vice President. S	Student Affairs/ Site Delegate		
		☐ Vice President, A	Academic Affairs/ Site Delegate		
Date:	Signature:				
Grievances must be presen	ted to the Student Council Executiv	e OR the Vice President, S	tudent Affairs either directly or by mail		
within 30 calendar days of the	ne issue arising.				
Proposed Action/ Resolution	1:				
Date:	President, Student Council:				
Date.	Fresident, Student Council.				
Student's response (check of	one):				
☐ I am satisfied with the outcome and conclude my grievance and am sending it to the Student Affairs Office for filing.					
☐ 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 Date Received:

STUDENT/ ACADEMIC AFFAIRS DEPARTMENT

Response (use attachments if necessary):						
Date:			Assigned Vice President:			
Date Received:	Į.		am satisfied with the outcome and conclude my grievance			
		Пі	am dissatisfied with the outcome and would like my grievance advanced to the			
Student's response (che	Student's response (check one):		Iministrative Committee for action.			
		□ N	ot applicable			
Student's comments (op	otional -	[use attachments if necessary]):				
Date:		Student's Signature:				
	<u> </u>					
SECTION 3			ADMINISTRATIVE COMMIT			
Date Received:			Date of Administrative Meeting:			
Administrative Committee	oo mor	mhars nrasant				
Administrative Committee	icc ilici	nocia present.				
Response (use attachme	ents if	necessary):				
Date:	Presid	ent 's Signature:				
NOTE: The student may	y reque	est to meet with the Administrative	Committee to discuss the grievance if not satisfied with initial response			
Date Received:			After meeting with Administrative Committee			
Student's response (chec	k one):		Date:			
☐ I am satisfied with the	e outco	me and conclude my grievance	☐ I am satisfied with the outcome and conclude my grievance			
☐ I am dissatisfied with the outcome and would like to meet with the		tcome and would like to meet with the				
Administrative Comm	nittee.		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]:		use attachments if necessary]:	Salamos to the Dana of Shadala for datain			
-						
Date:	Studer	nt's Signature:				



SECTION 4 BOARD OF DIRECTORS

Date Received:		Date of Board of Directors' Meeting:				
Board of Directors members present:						
Response (use attachm	ents if necessary):					
Data	Board of Directors Representative's Signat		Name in Block:			
Date:	Board of Directors Representative's Signat	ure:	Name in block:			
Date Received:		21 1 11 1 1 1 1				
Student's response (chec	k one):	neck all that apply)				
☐ I am satisfied with th	e outcome and conclude my grievance	I agree to allow the Boa	rd of Governors to rule on my grievance			
	☐ I am dissatisfied with the outcome and would like my grievance advanced to the Board of Governors for action. ☐		I agree to accept the decision of the Board of Governors			
Student's comments (opti	onal - [use attachments if necessary]):					
Date:	Student's Signature:					
SECTION 5 - FIN	IAL RESOLUTION		BOARD OF GOVERNORS			
SECTION 5 - FIN	IAL RESOLUTION		BOARD OF GOVERNORS			
			BOARD OF GOVERNORS			
Date Received:			BOARD OF GOVERNORS			
Date Received:			BOARD OF GOVERNORS			
Date Received:			BOARD OF GOVERNORS			
Date Received:	ents if necessary):	ature:	BOARD OF GOVERNORS Name in Block:			
Date Received: Response (use attachm		ature:				
Date Received: Response (use attachm	ents if necessary): Board of Governors Representative's Signa	ature:				
Date Received: Response (use attachm Date: Date:	Board of Governors Representative's Signal Student's response	nse (Check all that apply)	Name in Block:			
Date Received: Response (use attachm Date:	Board of Governors Representative's Signature Student's response autoome I accept the		Name in Block:			
Date Received: Response (use attachm Date: Date: Date Received: I am satisfied with th I am dissatisfied with	Board of Governors Representative's Signature Student's response autoome I accept the	nse (Check all that apply) e decision of the Board of Gov	Name in Block:			
Date Received: Response (use attachm Date: Date: Date Received: I am satisfied with th I am dissatisfied with	Board of Governors Representative's Signal Student's response outcome the outcome I accept the outcome	nse (Check all that apply) e decision of the Board of Gov	Name in Block:			
Date Received: Response (use attachm Date: Date: Date Received: I am satisfied with th I am dissatisfied with	Board of Governors Representative's Signal Student's response outcome the outcome I accept the outcome	nse (Check all that apply) e decision of the Board of Gov	Name in Block:			
Date Received: Response (use attachm Date: Date: Date Received: I am satisfied with th I am dissatisfied with	Board of Governors Representative's Signal Student's response outcome the outcome I accept the outcome	nse (Check all that apply) e decision of the Board of Gov	Name in Block:			
Date Received: Response (use attachm Date: Date: Date Received: I am satisfied with th I am dissatisfied with	Board of Governors Representative's Signal Student's response outcome the outcome I accept the outcome	nse (Check all that apply) e decision of the Board of Gov	Name in Block:			