

Grace College of Divinity

Student Grievance Form

For more information,

Contact the Dean of Students at SErtel@GCD.edu or (910) 221-2224

Student Information

Name:			
Phone/Cell:		Email:	

Grievance

All grievances should be submitted within 20 business days of the incident.

Type of grievance: Academic Non-academic Discriminatory

Grievance being filed against: Student Faculty Staff

Name of individual you are filing a grievance/complaint against:
Date/Time/Place of incident/grievance:
State formal complaint or grievance (provide factual description of the complaint):
Describe incident or concern (give a timeline of events leading up to the incident, list names of persons involved, and identify witnesses if appropriate):
How have you attempted to resolve this situation or grievance?

What specific actions or suggestions do you have for resolving this concern/incident/complaint/grievance?

Student Signature:		Date:	
Complaint Received by:		Date:	