

School of the Environment

Frederick S. Humphries Science Research Center, Room 305D
Telephone: (850)599-3550
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Student Grievance Form *

Term: Fall () Spring () _____ Summer A / B / C _____ Classification: _____
(Year) (Year)

Name: _____ Student ID: _____

Street or Box: _____ Telephone #: _____

City and State: _____ Cell #: _____

Zip Code: _____ Email: _____

1. Area of Concern (Department/Office/Course/ Other: _____)
2. Course#: _____ Instructor's Name _____
3. Have you met with the involved personnel through personal conference prior to initiating this procedure?
Yes _____ (Date of Meeting : _____) No _____
4. Explain in detail the nature of the complaint or grievance (submit evidence as appropriate).

5. Indicate the action you desire that be taken in the resolution of this grievance.

By signing this form, I acknowledge that I have presented the facts to the best of my ability. Deliberate misrepresentation of the facts may lead to a charge for violating FAMU's student code of conduct.

Signed: _____ Date: _____
Student's Signature

*Please process through the SOE Grievance Committee or SOE's Dean's office. This form should be stamped to indicate the time/date it was initiated.

Internal Use Only
Summary of Disposition and Date: