Student Grievance Report Form

Date Submitted:

Laura Puckett-Boler
Dean of Students/Chief Student Affairs Officer
Campus Life Center, Room 303
Telephone: (864) 503-5107 Fax: (864) 503-5148

- ☐ **Academic Issue**
- ☐ **Non Academic Issue**
- ☐ **Disability Related**

✓ **(please check one)**

1. General Information

Name:_____ E Mail:_____

Major:_____ Classification:_____
(freshman, sophomore, etc.)

Local Address:_____
City State Zip

Permanent Address:_____
City State Zip

Permanent Telephone: (____)_____ Local or Cell Phone: (_____)_____

2. Statement of Grievance *(Be specific including who, what, when, where, and how)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

3. List any witness(es) name and address or telephone number, if any witness(es) were present. The names will be sufficient if you do not have addresses or telephone numbers.

1._____	_____	_____	_____
Name of Witness	Address	Telephone #	Student
2._____	_____	_____	_____
Name of Witness	Address	Telephone #	Student
3._____	_____	_____	_____
Name of Witness	Address	Telephone #	Student

Please attach any additional documentation that you may have relevant to your grievance when filing this report.