

FREDERICK COMMUNITY COLLEGE

GRIEVANCE AND APPEAL

STUDENT COMPLAINT FORM

STUDENTS' NAME: _____

CURRENT SEMESTER: _____ YEAR: _____

COMPLAINT TYPE:

____ Grade Dispute: Course No. and Title _____

Instructor: _____

Semester Enrolled: _____

____ Non-grade Complaint

Semester Enrolled: _____

____ ADA/Section 504 Complaint

NATURE OF COMPLAINT:

(attach additional sheets if necessary)

REQUESTED ACTION/SOLUTION TO COMPLAINT

(attach additional sheets if necessary)

(OVER)

Date of Original Meeting with Instructor/Staff member to Discuss Complaint:

Mo/Day/Year

TO BE COMPLETED BY DEPARTMENT CHAIR OR SUPERVISOR:

Outcome of Meeting with Department Chair or Supervisor

- ☐ Resolution to complaint reached among parties
- ☐ Resolution to complaint is unsuccessful, complaint proceeds to Formal Grievance Process

DEPARTMENT CHAIR/SUPERVISOR NOTES:

Signature, Department Chair/Supervisor

Date