

**Casper College Student Grievance Form**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_  
Local Address \_\_\_\_\_  
Date of incident \_\_\_\_\_

**Nature of grievance**

Please describe in specific detail what has caused you to file a grievance  
Include dates and times of the alleged events in the statement  
Use additional pages if necessary

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Identify any persons who witnessed the action(s) resulting in this grievance

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Describe what an acceptable resolution would be for you:

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Have you attempted to resolve the issue through an informal resolution? Yes \_\_\_\_\_ No \_\_\_\_\_

If not why?

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If yes, describe the outcome \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Before filing a formal resolution it is highly recommended you attempt to resolve the issue with the appropriate Dean or Director.

Have you met with the appropriate Dean or Director? Yes \_\_\_\_\_ No \_\_\_\_\_

Outcome of meeting with Dean or Director \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In some cases the appropriate Vice President may require the student to meet with the employee involved.

If your issue was not resolved through the informal resolution describe why you wish to move to formal resolution

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Formal Resolution Outcome:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Associate Vice President Signature \_\_\_\_\_

Date \_\_\_\_\_

**Notice of Grievance Hearing Notice**

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Date received by Vice President \_\_\_\_\_

Vice President Signature \_\_\_\_\_

Date of Hearing \_\_\_\_\_

Outcome of Hearing

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Vice President Signature \_\_\_\_\_ Date \_\_\_\_\_