



# SNEAD STATE COMMUNITY COLLEGE

## Grievance Form A for Students

### Part One: Grievance

To: College Grievance Officer for Students, Jason Cannon (Vice President for Student Services)

From: Grievant, \_\_\_\_\_ Student #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

#### INFORMATION ON GRIEVANCE:

A. Date(s) of occurrence(s) upon which Grievance is based: \_\_\_\_\_

B. Description of Grievance: [If the Grievant is alleging discrimination based on gender, race, color, national origin, religion, handicap, or disability, the Grievant should include a reference, if known, to any pertinent statute(s), policy(s), or regulation(s).] Use additional pages if necessary to describe Grievance. \_\_\_\_\_  
\_\_\_\_\_

C. State the name of each College instructor or official to whose attention the Grievant has already brought the matter being complained of, and state on what date each such instructor or official was first notified of the situation: \_\_\_\_\_  
\_\_\_\_\_

D. Describe any attempt(s) which have already been made by any College official and representative to resolve the Grievance described above. Please name each College official and representative who has participated in any prior attempt to resolve the situation, and describe the involvement of each such person. \_\_\_\_\_  
\_\_\_\_\_

E. State any other information which the Grievant believes should be considered by the College Grievance Officer for Students in investigating the Grievance. Also attach any other documents, photos, audio or video, etc., which the Grievant believes will be helpful to the College Grievance Officer.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned Grievant, hereby confirm that the information stated above and all other information submitted by me in support of the Grievance hereby made is accurate, complete, and truthful to the best of my knowledge and belief.

\_\_\_\_\_  
(Grievant's Signature)

\_\_\_\_\_  
(Date)

It is the policy of the Alabama Community College System and Snead State Community College that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied benefit of, or be subjected to discrimination under any program, activity, or employment.

## **Grievance Form A for Students (continued)**

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### **Part Two: Response to Grievance**

To: Grievant, \_\_\_\_\_ Date: \_\_\_\_\_

From: College Grievance Officer for Students, \_\_\_\_\_

Response to Grievance stated in Part One of this form, including findings and conclusions resulting from hearing and proposed actions by the College. Use additional pages if necessary.

\_\_\_\_\_  
(College Grievance Officer for Students' Signature)

\_\_\_\_\_  
(Date)

Copy to: Grievant, Respondent[s], College Grievance Officer for Students, and College President

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