

IVCE Student Grievance Form

Iowa Valley Continuing Education
3702 S. Center Street • Marshalltown, IA 50158
641-752-4645 • 800-284-4823 • 641-752-1692
IowaValley.com

The District is committed to providing high quality services and strives to deal with all students in a manner which is fair, efficient and courteous. Upon completion, please submit this form to the Vice Chancellor of Continuing Education at the address above. **This form must be submitted within 5 business days of the date the Student Misconduct Resolution Letter was received.**

Please type or print.

Today's date _____

Date/Description of Incident _____

Student Name _____

Home Address _____
PO Box/Street – City – State - Zip Code

Home Phone _____ Cell Phone _____

This form indicates my desire to

- Accept responsibility for the violation but appeal the proposed sanction.**
- Deny responsibility for the violation and appeal the proposed sanction.**

In the space below, please provide all relevant details and attach any documentation in support of your appeal. Appeals should explain why the process followed is in question or why the sanctions are not appropriate for the conduct violation. Use additional sheets if necessary. A copy of the violation filed by the originator must accompany this form.

My signature indicates that I declare all statements made herein and any attachments are true and correct to the best of my knowledge and belief. I hereby authorize all IVCCD officials to conduct whatever investigations may be necessary in considering this grievance.

Student Signature _____

Date _____

For Office Use

Date received by IVCE Vice Chancellor: _____

Description/Documentation of Grievance Appeal Request Resolution: