

IVCE Student Grievance Form

Iowa Valley Continuing Education
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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 10 business days of the date that the student attempted to resolve the problem by meeting with the IVCCD employee.** Examples: belief of unfair treatment, policy or rule violation; breached contract; or prejudiced grading.

Please type or print.

Today's date _____ Date of Meeting with Employee _____

Date of Incident _____

Student Name _____

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

Home Phone _____ Cell Phone _____

According to IVCCD Board Policy 502, the written grievance is to be resolved through the following steps:

1. The student is expected to make every effort to resolve the problem with the IVCCD employee, including a meeting with that employee.
2. If no solution is reached between the student and the employee, the student may file a formal grievance. The written grievance form must be submitted to the Vice Chancellor of Continuing Education (or to his/her designee) within 10 business days of the initial meeting with the employee.
3. If no solution is reached between the student and the Vice Chancellor (or designee), the grievance may be appealed in writing within 5 business days of the step 2 decision to the IVCCD Chancellor. The decision of the Chancellor is final and ends the grievance process.

In the space below and on the next page, please provide all relevant details and attach any documentation in support of your grievance. Please indicate and document the alleged violation, misinterpretation, or misapplication of IVCCD Board policies, and/or any rules and regulations violated; and/or any unfair treatment by an IVCCD employee or another student; and/or any contractual relationship that has been breached. Use additional sheets if necessary.

Description/Documentation of Grievance:

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 of Resolution: