STUDENT GRIEVANCE PROCEDURE FORM

(Note: This form should not be used for giving the college feedback or for general complaints).

❑ Ellsworth Community College ❑ Marshalltown Community College ❑ IVCC Grinnell

Please type or print. Upon completion, please submit this form to the Provost of the College or the Dean of Students. 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 include: Grievant belief of unfair treatment, policy or rule violation, breached contract, or prejudiced grading.

Date of Meeting with Employee _____
Student's Name _____
Address _____
_____

Date of Filed Grievance Form _____
Student ID: _____
Phone Home: _____
Phone Cell: _____

According to 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 Provost of the College (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 Provost (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, 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.

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 request.

_____ _____
Student Signature Date

Received by: _____ Date:_____ Handled by:_____
Description of Resolution: _____