STUDENT GRIEVANCE / APPEAL FORM NON-ACADEMIC GRIEVANCE

Rockingham Community College, P.O. Box 38, Wentworth, NC 27375-0038 (336) 342.4261

Today's Date	_ Student's Name			
Student ID Number				
Mailing Address				
Telephone Number	Email Ac	ddress		
It is expected that you have read and will follow all requirements of claim of sexual harassment, you may first the sexual harassment, you have read and will be sexual harassment.	outlined in the procedure.	(As included in this		
1. Have you attempted to resolve you how? If this grievance is to seek respecify.				
 2. If your concern was not resolved reasons why you could not attempt letter that explains in detail: Your specific concerns and The date on which you sow wish to resolve the issue with The outcome that you seek 	to resolve the matter with the the date on which the incide aght to resolve the issue, or	ne individual, you	must attach to the evance occurred	is form a
3. If you have followed the grieva disciplinary decision, use this form in			, or if you are app	pealing a
Return to Office of the Vice Preside	his form* and your attacent for Student Develop			er.
By signing below, the student confirms the and is providing all information that is req			: Grievance / Appeal	Procedure
Student:		Date:		
VP Student Development: (or designee)		Date:		
*Original form retained in Student Develops	ment Office.			11/12
	(For Office Use Only)			
Date receipt stamp		Forwarded to:	☐ VP Stu Dev ☐ Appeals Comm ☐ President	

STUDENT GRIEVANCE / APPEAL FORM ACADEMIC GRIEVANCE

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Today's Date	Student's Name		
Student ID Number			
Mailing Address			
Telephone Number	Email Address		
will follow all requirements or	ead and understand the <i>Academic Grievand</i> outlined in the procedure. (If the student seppeal Policy in the current RCC Catalog.)		
1. Have you attempted to resolve	e your concern with the instructor? If so, how?		
 Your specific concerns a The date(s) on which yo	ved with the instructor, you <u>must</u> attach to this and the date on which the incident causing the grou sought to seek resolution with the instructor of not or did not wish to resolve the issue with the eek	rievance occurred or dean, and the results or the	
Retur	ructor, you must explain in your letter why a me on this form* and your attached letter to to sident for Student Development, Whitcor	he	
providing all information that is requir	s that he or she has properly followed the Academic Grie red in this form and the attached letter.		
Student:	D	Date:	
VP Student Development: (or designee)	D	Date:	
*Original form retained in Student Deve	elopment Office.	11/12	
	(For Office Use Only)		
Date receipt stamp	Forwarded to:	☐ Division Dean☐ VP for Ac Affairs	
Received by:	Date :	_	