

STUDENT COMPLAINT FORM

Instructions: Please read the Student Complaint Procedure before completing this form. Be sure to observe the time limits specified in the procedure. If the action being grieved occurred in a department or student group, you should complete the informal or formal grievance process at that level before requesting consideration under this procedure. It is not required that you use this form, but please include all the information below in your complaint. Submit formal grievances to:

Life Chiropractic College West
Dr. Anatole Bogatski, Executive Vice President
25001 Industrial Blvd., Room 102D
Hayward, CA 94545

Name (First, Middle, Last): _____

Mailing Address: _____

_____ Phone: _____

The action being grieved was:

- ___ unfair application of College policy or procedures
- ___ discrimination on the basis of _____

The date(s) of most recent occurrence(s) leading to this complaint: _____

What was the result of the informal grievance process: _____

The date you received the result of the informal grievance process: _____

Provide a short description of the action(s) being grieved under this procedure:

State the resulting injury or harm because of this action: _____

If known, state the specific law, policy, or rule alleged to have been violated (optional):

Provide a description of the evidence supporting the grievance (may be attached):

State the remedy or relief you are requesting: _____

If you will be assisted in the grievance process by a personal representative, please indicate the individual's name, title, phone number and address:

Is the representative a lawyer? _____ yes _____ no

Please submit any additional background information that will be beneficial in resolving your grievance.

Signature: _____ Date: _____

Please note: If you indicate you will be assisted by a representative, your signature below authorizes the named individual to receive copies of relevant student records and correspondence regarding the grievance and to accompany you to any meetings.

Signature: _____ Date: _____