

Dillard University Academic Grievance Form

In the event of a grievance regarding an Academic issue, the aggrieved student must initiate the process.

- The student should bring the grievance to the person against whom it is being made, such as instructor, staff person or administrator. If the grievance is resolved at this time, no further action is needed **but both student and respondent should keep a record of the complaint with copies forwarded to the office of the Dean.**
- If the grievance is not resolved, the student is entitled to bring the concern to the supervisor of the person against whom the complaint is being made, such as a Department Chair. Both student and respondent **should keep a record, and the person against whom the complaint was made should be informed of the resolution, with copies forwarded to the office of the Dean.**
- If the grievance is not resolved, the same procedure moves up the leadership chain, such as to Division Dean. A determination by the Office of the Provost is final.
- **EACH RESPONDENT MUST RESPOND WITHIN TEN (10) DAYS OF THE RECEIPT OF THE GRIEVANCE.**

_____ Date of report of grievance Date of resolution of grievance _____

Student's Name _____ Email _____ Phone _____

Write a brief statement explaining the nature of your grievance, including any prior actions (use additional sheets if needed):

List the documents that support your position (list them here and attach copies. Do not submit originals):

Signature: _____ Date: _____

Name of person against whom grievance was filed:: _____

Name of Supervisor _____

Title: _____

Email: _____

Phone: _____

_____ Action Taken or Action Promised Action (use additional sheets if needed):

Documents that support the response (list them here and attach copies. Do not submit originals):

Signature: _____ Date: _____

Second Respondent's Name: _____

Title: _____

Email: _____ Phone: _____

Name of Supervisor: _____

_____ Action Taken or Action Promised Action (use additional sheets if needed):

Documents that support the response (list them here and attach copies. Do not submit originals):

Signature: _____ Date: _____

Third Respondent's Name: _____ Title: _____

Email: _____ Phone: _____

Name of Supervisor: _____

_____ Action Taken or Action Promised Action (use additional sheets if needed):

Documents that support the response (list them here and attach copies. Do not submit originals):

Signature: _____ Date: _____

Fourth Respondent's Name: _____ Title: _____

Email: _____ Phone: _____

Name of Supervisor _____

_____ Action Taken or Action Promised Action (use additional sheets if needed):

Documents that support the response (list them here and attach copies. Do not submit originals):

Signature: _____ Date _____