

# Mt. San Antonio College Statement of Grievance Form

Student Name: \_\_\_\_\_ Date \_\_\_\_\_

Student ID # \_\_\_\_\_ E-mail \_\_\_\_\_@student.mtsac.edu

Check One:  Academic (Faculty)  Non-Academic (Faculty or Staff)

If Academic, check only the categories that apply (*each category checked must have support documentation*)

Mistake  Fraud  Bad Faith  Incompetency

If Non-Academic, specify: \_\_\_\_\_

Date Initiated (Level I) \_\_\_\_\_

Due Date (Level I) \_\_\_\_\_  
(20 school days from initiation date)

**Due dates are established by the Student Life Director**

**IT IS THE STUDENT'S RESPONSIBILITY TO ENSURE THAT ALL DEADLINE DATES ARE MET**

**Level I** – (Informal Process – Statement of Grievance)

- instructor-involved (or employee/supervisor for non-academic grievances)
- appropriate Department Chairperson or Department representative designated by the College
- Division dean or supervisor of the employee

Name of Instructor/Staff Member: \_\_\_\_\_

Class (if appropriate) or Department: \_\_\_\_\_

Specify your Grievance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested Outcome (*specify the solution/action you want taken*):

\_\_\_\_\_

\_\_\_\_\_

*By signing below, I acknowledge that the information submitted is true.*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**RESPONSE TO LEVEL I - *Documentation of attempts to resolve through Informal Action***

Response from instructor-involved (or employee/supervisor for non-academic grievances)

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*By signing below, I acknowledge that the information submitted is true.*

\_\_\_\_\_  
*Instructor/ Staff Member Signature*

\_\_\_\_\_  
*Date*

Response from appropriate Department Chairperson or Department representative designated by the College

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\_\_\_\_\_  
*Department Chair/ Rep. as designated*

\_\_\_\_\_  
*Date*

Response from division dean or supervisor of the employee

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\_\_\_\_\_  
*Dean or Supervisor Signature*

\_\_\_\_\_  
*Date*

I Agree/Disagree (*circle one*) with the outcome of Level I  
I will /will not (*circle one*) proceed to Formal Level II- Grievance Review

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*