



STUDENT GRIEVANCE FORM

The PCT Student Complaint and Grievance Procedure requires that students first discuss and/or attempt to resolve any complaint with the faculty or staff member(s), or other appropriate administrator prior to submitting a Student Grievance Form.

Student's Full Name: _____ Student ID#: _____

Student's Address: _____

Email: _____ Telephone: _____

Type of Grievance (Check all that apply):

Academic Student Services Financial Services Discrimination

Faculty Career Services FERPA (student Privacy) Harassment

Admission Services Disability Services Other: _____

DESCRIBE THE GRIEVANCE

(Please include dates, locations, times, involved parties, and what occurred; attach additional sheets if necessary)

ATTEMPT(S) AT INFORMAL RESOLUTION:

(Please explain, in detail, all attempts at informal resolution and include a copy of the notification of the informal resolution outcome with this form; attach additional sheets if necessary)

WHAT IS YOUR PREFERRED RESOLUTION?

(What outcome would you like to see happen? Attach additional sheets if necessary)

Thank you for voicing your concerns. The appropriate PCT representative will work with you to resolve the matter.

Student Signature: _____ Date: _____

For Grievance Form Recipient's Use Only

Date of the Receipt of the Grievance Form: _____

Recipient's Name: _____

Recipient's Signature: _____