



# Grievance Form

## Grievant Information

Name: \_\_\_\_\_ Date Today: \_\_\_\_\_

Program: \_\_\_\_\_ Class Start Date: \_\_\_\_\_ Class End Date: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Date, time and place of event leading to grievance:

Detailed account of occurrence (include names of persons involved, if any):

Please state policies, procedures, or guidelines that you feel have been violated:

Proposed solution to grievance:

The grievant should retain a copy of this form for his/her records, and email the director at [SDudley@Topcurl.com](mailto:SDudley@Topcurl.com) The signature below indicates that you are a filing a grievance, and any information on this form is truthful. You will receive a response from the director within 48 hours of emailing.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date