

## STUDENT GRIEVANCE FORM

Rosalind Franklin University College of Pharmacy

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

Graduation Year: \_\_\_\_\_ Date: \_\_\_\_\_

### Local Contact Information

\_\_\_\_\_  
Street Address City, State Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Permanent Contact Information

\_\_\_\_\_  
Street Address City, State Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please detail the problem and clearly describe the solution/resolution you are seeking. Attach additional pages if necessary.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: Information on filing grievances is provided in the Rosalind Franklin University College of Pharmacy Student Handbook and on the Web site. Seal completed form in an envelope marked "Confidential, Attention: Janeen Winnike, Assistant Dean for Student Affairs" and deliver to the College of Pharmacy office.**