IVCE Student and Stakeholder Grievance/Complaint Form

The District is committed to providing high quality services. We strive to deal with all students and stakeholders in a manner which is fair, efficient and courteous. Your feedback and complaints are important to the improvement of our services. The District believes in maintaining an educational environment that is positive and productive for its students and stakeholders. If a student or stakeholder feels he or she has been unfairly treated or had an unsatisfactory experience in one of our programs or services, the individual may file a grievance or complaint by completing this form.

Today’s Date ____________________________

Student/Stakeholder Name _____________________________________________

Date of Incident __ __ - __ __ - __ __________

Home Address _____________________________________________
PO Box/Street Address _____________________________________________

Home Phone __ __ __ - __ __ __ - __ __ __ __

City ____________________ State ______________ Zip Code __________

Cell Phone __ __ __ - __ __ __ - __ __ __ __

In the space below, please provide all relevant details and attach any documentation in support of your grievance or complaint. Please be specific regarding any incident, activity, or policy for which you have feedback or concerns, and suggest any recommendations for the District regarding this feedback. Use additional sheets if necessary.

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My signature indicates that I declare all statements made herein and any attachments are true and correct to the best of my knowledge and belief. I hereby authorize all IVCCD officials to conduct whatever investigations may be necessary in considering this grievance/complaint.

Signature __________________ Date __________________

Office Use
Submitted to IVCE Vice Chancellor on __________________
__________________ __________

Description of Resolution:

November 2012