

	Grievance Appeal Form	FORM NUMBER: HR-FR-010
		EFFECTIVE DATE: Feb-26 2026
		REVISION DATE: Sep-26 2027

This form is used to appeal a grievance decision under Section IX of the Student Grievance Policy. Appeals may only be submitted based on an alleged violation of the procedures outlined in the Student Grievance Policy. The completed form and supporting documents must be submitted to the President within five (5) working days from the date of the Committee's written decision.

SECTION A: TO BE COMPLETED BY THE INDIVIDUAL FILING THE APPEAL.

Name:		Student ID# (if applicable):	
Role:	☐ Student ☐ Faculty ☐ Staff		
Email:		Phone:	

Type of Grievance being Appealed:

☐ Academic Grievance ☐ Non-Academic Grievance
Date of Committee Decision:

SECTION B: BASIS FOR APPEAL

The appeal must be based solely on an alleged violation of grievance procedures.

☐ I allege that a violation of the grievance procedures occurred.

Provide a clear and concise explanation of the procedural violation(s).
(Identify the specific step(s) in the policy that were not followed.)

Explanation:

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SECTION C: SUPPORTING DOCUMENTATION

Attach copies of:

- ☐ Original Grievance Report Form
- ☐ Committee Decision
- ☐ Relevant Communications
- ☐ Additional Supporting Documents

List attachments below:

SECTION D: CERTIFICATION

I certify that this appeal is submitted in good faith and is based solely on an alleged violation of the grievance procedures as outlined in the Student Grievance Policy.

Name (print): _____

Signature: _____

Date of Submission: _____

SECTION E: PRESIDENTIAL REVIEW (Office Use Only)

Date Appeal Received: _____

Was the appeal submitted within five (5) working days?

- ☐ Yes ☐ No

Grounds Verified as Procedural Violation Claim:

- ☐ Yes ☐ No

Presidential Determination:

- ☐ Appeal Denied – No Procedural Violation Found
- ☐ Appeal Granted – Procedural Violation Confirmed

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Action Taken (if applicable):

- ☐ Case Returned for Reconsideration
- ☐ Decision Modified
- ☐ Other (Specify)

Final, Binding Decision Issued By:

President Name (print): _____

Signature: _____

Date of Decision: _____

Date Communicated to Parties: _____