



STUDENT GRIEVANCE FORM INSTRUCTIONS

1. Student Complaint and Grievance Policy

When a formal student and a faculty member are not able to resolve the concern or if the student feels uncomfortable meeting with the faculty member, the student may submit an appeal in writing to the faculty member's supervisor for further consideration and resolution. Grievable issues may include student's requests for academic mediation in all matters involving grading grievances.

If the student concerns his/her grade, the student must contact the instructor before the last day of the following session. The student should be aware that the student's grades **CANNOT** be changed without the permission of the Academic Department concerned. If the student concerns anything else beside his/her grade, the student must contact the Student Services Office.

2. To File A Student Grievance From

1. Click Student Grievance form or obtain the form from the Student Services Office. Submit completed Student Grievance form to the Student Services Office.
2. The student must fill out the Student Grievance Form and submit it with pertinent supporting documents, to the immediate supervisor of the faculty member.
3. If the student still feel unsatisfactory, he/she may appeal to the the president of the College. The president will review the concern and the actions to the date. The student will be notified in writing of his/her action from the president of the College.
4. Once the completed Student Grievance Form has been submitted by the student, faculty member and the faculty member's immediate supervisor of the department should sign the completed Student Grievance Form, and copies should be distributed to the student, the faculty member, the faculty member's immediate supervisor, and the associate dean.



COLUMBIA COLLEGE
www.ccdc.edu

Columbia College Student Services
8300 Merrifield Avenue
Fairfax, VA 22031
Phone: 703-206-0508
Fax: 703-206-0488

STUDENT GRIEVANCE FORM

1. STUDENT INFORMATION

Last Name

First Name

Student ID Number

Street Address

City

State

Zip

Program

Phone

Student's CCDC Email

Student Signature

Date

2. STATEMENT OF GRIEVANCE (Please submit any pertinent evidence/documentation)

Detailed Description of Grievance

Description of steps you've taken so far to bring about a resolution

FACULTY ONLY

Faculty Name

Signature

Date

Department Head Name

Signature

Date