



# COLLEGE OF MENOMINEE NATION GREIVANCE FORM

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Student ID #

Mailing Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Email \_\_\_\_\_

Please identify the person(s) involved in the grievance.

\_\_\_\_\_

Briefly describe your grievance (i.e., date, time, and place of event leading to the grievance or the date you became aware of the event if different).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your proposed solution to the grievance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you name other persons who are involved ? (List others on back or attach additional pages if needed.)

Name \_\_\_\_\_ Phone/email \_\_\_\_\_

Name \_\_\_\_\_ Phone/email \_\_\_\_\_

**All completed Complaint Forms received by the Director of Retention will be acted on or action will be initiated by the Dean of S.S. within ten (10) working days barring extenuating circumstances.**

\_\_\_\_\_  
Student Signature / Date

\_\_\_\_\_  
Director of Retention Signature / Date

**FOR OFFICIAL USE ONLY**

Actions taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student notified: Date \_\_\_\_\_ Method \_\_\_\_\_