**SGA GRIEVANCE FORM**

**CASE #____________**  (Assigned by committee)

Name of Complainant_________________________ e-mail address_______________________

Mailing Address_____________________________ Phone #___________________________

1. Please describe your grievance with specific details as to when, where, who was involved.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

2. Were there other witnesses? _________No  ________Yes  If yes, complete the following:

Name of witness__________________ email address_______________ phone #___________

Name of witness__________________ email address_______________ phone #___________

3. What have you done thus far in resolving this issue

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

4. How will this be satisfactorily resolved for you

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

----------------------------------------------     --------------------
Signature of complainant                 Date

DO NOT WRITE BELOW THIS LINE

Committee Recommendation:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Follow Up Required  _______Yes   ________No   ____________________________

Committee Representative