

# Student Grievance Report Form



This form is required to be used if a College of Saint Elizabeth student believes that he/she has been subjected to alleged inequity as a result of an action by a College employee, fellow student, or third party associated with the College which has not been satisfactorily resolved through established channels of inquiry. This procedure/form is not to be used for sexual misconduct complaints, complaints regarding grades/grade appeals or code of conduct violations.

Please provide as much detail as possible regarding the incident. Attach additional pages and/or supplemental evidence as needed. The completed report form should be emailed to [csepresident@cse.edu](mailto:csepresident@cse.edu).

**Student Name (Complainant):** \_\_\_\_\_

**Complainant contact information:**

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Name(s) of the Individual involved in the matter being grieved (Responding Party):**

\_\_\_\_\_

**Is this person a/an (check one):**

- Employee       Student       Authorized Volunteer       Third Party

**Respondent Contact Information (if known):** \_\_\_\_\_

**Date of Incident:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please describe the alleged incident(s), and when and where it occurred. Also, please attach any supporting documentation and evidence:

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

Identify all individuals (including contact information) with knowledge of the grievance:

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Date(s)/summaries of good faith discussions with the individual involved and the supervisor, or the Vice President for Student Life in the case of peers, guests or other third parties:

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Reason for further appeal:

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Desired outcome:

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**Disclosure:**

To investigate the complaint, it will be necessary to interview you, the alleged respondent, and any witnesses with knowledge of the allegations or offenses. The statements and the information that you are providing may be attributed to you and could be included in any complaint reports that are prepared.

**Authorization to disclose identity of Complainant:**       Yes       No

**Acknowledgement**

I, \_\_\_\_\_, am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the College deems relevant. I affirm that the information I am providing is true and correct to the best of my knowledge. I understand that my statements and the information that I am providing may be attributed to me and could be included in any investigation reports that are prepared. I also understand that this investigation is confidential and for me to disclose any information that I have obtained during the course of this investigation could interfere with the investigation. I also understand that if I do not fully cooperate, decisions will be made based on the best information available to the College.

**Signature of Complainant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Family Educational Right and Privacy Act (FERPA)

### Acknowledgement

I, \_\_\_\_\_, understand that my complaint constitutes an “educational record” as defined by the Family Educational Rights and Privacy Act of 1974 (FERPA). As such I authorize the College to disclose my name and/or the specific allegation(s) made by me to the Respondent of said allegation(s) and to others identified as material witnesses during the course of this investigation. Other than the aforementioned, I understand that I retain all other rights afforded to me under FERPA.

**Signature of Complainant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please submit this form, completed in its entirety, to the Executive Assistant to the President, on the third floor of Santa Rita Hall, or email it to: [csepresident@cse.edu](mailto:csepresident@cse.edu). Information regarding reported complaints will be retained by the College for seven years.