

SFBU Grievance Form

Complainant Name: _____ **Student ID (if applicable):** _____

Address: _____

Phone Number: _____ **Email:** _____

Description of Complaint: In your own words, please fully describe the complaint, including (a) what happened, (b) where and when events occurred, and (c) the names of all those involved. Please describe events in chronological order and include a description as to the effect upon you. If your complaint is an appeal of disciplinary action, please describe your basis of appeal. Valid bases of appeal only include: (i) inaccurate findings, (ii) new clear and convincing evidence, and (iii) inequitable process. You may attach additional pages as necessary.

Witness Names and Contact Information: _____

List of Attached Documentation: _____

I certify the above and attached information (“Information”) is true, accurate, and complete to the best of my knowledge. I acknowledge and agree that SFBU will not, and is under no obligation to, keep any of the Information confidential. I understand and agree that SFBU may use the Information for investigative and disciplinary purposes.

Complainant signature: _____ **Date:** _____

OFFICE USE ONLY

Complaint received by: _____ **Date:** _____

Complaint forwarded to (name and title): _____ **Date:** _____

Additional Description