



STUDENT APPEAL APPLICATION

Name: **Grievance id: KLEF/GCFC/Dept/ A Y -**
Student ID Number:
Discipline:
Mailing Address (Dept):

Mobile Phone: **e-mail:**

Program/Course(s):
Present/passed out

Did you seek information or assistance before making a complaint?

NO **Yes, from**

Staff member(s) or Committee from whom have you already sought a resolution about this complaint?

Name: **Position:**

Name: **Position:**

Please outline the basis of your *original* complaint:

Please describe the most recent resolution offered:

From whom did you receive the final notification of the resolution, and when? Name/Position: **Date:**

State what outcome(s) you are seeking from this appeal:

Other Comments:

Signature of the student/parent

(Office use only)

Expected date of Resolution of the grievance-----

Signature of A/D (GCFC)

Signature of the grievance handling authority

