# SOUTHEASTERN FREE WILL BAPTIST COLLEGE

## STUDENT COMPLAINT & GRIEVANCE FORM

### Instructions

*Students are encouraged to resolve concerns informally whenever possible. Before submitting this form, please review the **Student Complaint Policy** in the current College Catalog and follow the complaint resolution process. This form should be submitted only after reasonable efforts have been made to resolve the matter through the appropriate channels.*

*Please complete all applicable sections. Attach or email additional pages and supporting documentation if necessary.*

### STUDENT INFORMATION

***Student Name:*** _____

***Student ID Number (if known):*** _____

***Program of Study:*** _____

***Email Address:*** _____

***Telephone Number:*** _____

### COURSE INFORMATION (If Applicable)

***Course Prefix & Number:*** _____

***Course Title:*** _____

***Semester/Term:*** _____

***Instructor:*** _____

### TYPE OF COMPLAINT

*Please check the category that best describes your complaint.*

☐ *Academic Issue*

☐ *Course Instruction*

☐ *Grading*

☐ *Online Course Delivery*

☐ *Student Services*

☐ *Financial Aid*

☐ *Registration*

☐ *Technology / Learning Management System*

☐ *Faculty Conduct*

☐ *Staff Conduct*

☐ *Other: _____*

## *DESCRIPTION OF COMPLAINT*

*Please describe your complaint in detail. Include dates, locations (if applicable), and the names of any individuals involved.*

_____

_____

_____

_____

_____

_____

_____

_____

## *STEPS TAKEN TO RESOLVE THE MATTER*

1. ***Have you discussed this matter with the individual involved?***

   ☐ *Yes* ☐ *No*

   *If yes:*

   *Name of Individual: _____*

*Date Discussed:* _____

*Outcome:*

_____

_____

_____

2. ***Have you discussed this matter with that individual's supervisor?***

☐ *Yes* ☐ *No*

*If yes:*

*Supervisor's Name:* _____

*Date Discussed:* _____

*Outcome:*

_____

_____

_____

## *REQUESTED RESOLUTION*

*Please describe the resolution you are requesting.*

_____

_____

_____

_____

_____

## *SUPPORTING DOCUMENTATION*

*Please indicate any documents attached to this complaint.*

☐ *Emails*

☐ *Assignments*

☐ *Screenshots*

☐ *Course Materials*

☐ *Letters*

☐ *Other: _____*

## *STUDENT CERTIFICATION*

*I certify that the information provided in this complaint is true and complete to the best of my knowledge. I understand that Southeastern Free Will Baptist College will review this complaint in accordance with the Student Complaint Policy published in the College Catalog. I further understand that submission of this form does not guarantee a particular outcome.*

***Student Signature:*** _____

***Date:*** _____

## *SUBMIT COMPLETED FORM TO*

***Rev. Ken Cash, College Dean***

*Southeastern Free Will Baptist College*
*P.O. Box 1960*
*Wendell, NC 27591*
*Phone: (919) 365-7711 ext. 106*
*Email: kcash@sfwbc.edu*

## *COLLEGE USE ONLY*

***Date Received:*** _____

***Received By:*** _____

***Complaint Number:*** _____

***Assigned To:*** _____

***Date Investigation Began:*** _____

***Resolution Date:*** _____

***Disposition:***

_____

_____

***Student Notified:*** ☐ ***Yes*** ☐ ***No***

***Date Student Notified:*** _____

***Signature of Reviewing Administrator:*** _____