



STUDENT GRIEVANCE FORM

5400 SHERIDAN STREET • HOLLYWOOD, FL 33021 • TEL 754.321.5400 • WWW.SHERIDANTECHNICALCOLLEGE.EDU

INSTRUCTIONS: Before completing this form, please read and follow the grievance procedures provided in the Broward Technical College (BTC) Student Handbook. Submit the form at the Administration Office or email to Kim.Curry@browardschools.com.

STUDENT INFORMATION

Last Name: _____ First Name: _____

Student ID#: _____ Program: _____

Phone #: (____) _____ - _____ Email: _____

INCIDENT DETAILS

| | |
|--|----------------------------------|
| WHO (Person(s) involved in incident) | WHEN (Date/Time) |
| | |
| WHERE (Location of incident) | WITNESSES (If applicable) |
| | |
| ACCOUNT OF INCIDENT | |
| <p>Students are encouraged to first attempt to resolve the issue with an informal meeting with the individual(s) involved in the incident. Has there been an informal meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No - Does this issue pertain to disability services Section 504/ADA? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the incident and/or policy you believe may have been violated in detail below. Use additional sheets if necessary.</p> | |
| PROPOSED SOLUTION/OUTCOME | |
| Describe any corrective action or outcome you hope to achieve as a result of filing this grievance? Use additional sheets if necessary. | |

SIGNATURE

I understand by signing this form, I am giving Sheridan Technical College permission to contact school officials, other agencies and/or persons in efforts to conduct a thorough investigation. I hereby attest the information provided is true, correct and complete to the best of my knowledge.

STUDENT SIGNATURE* _____ DATE: _____

*(Parent/Guardian signature required if student is under 18 or adjudicated incompetent)

OFFICE USE ONLY

Date Received

Administrator/Designee Signature

Date

Grievance Resolved: Yes No

Grievance Resolution Notice Date: __/__/__

