

LURLEEN B. WALLACE COMMUNITY COLLEGE

Student Grievance Form

Submit this form to the Dean of Student Affairs/Title IX Coordinator in person in the Jeff Bishop Student Center, Andalusia campus; via fax to (334) 881-2201; or via email to jjessie@lbwcc.edu.

COMPLAINANT INFORMATION

Name: _____

Address to send correspondence: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Name of the person/s your grievance is against: _____

What date/s did the actions occur: _____

What do you allege occurred? (Please be specific, provide details and use the reverse of this sheet if needed.) _____

Is there a specific law or College/ACCS policy/guideline you believe has been violated? If so, which one/s?

In your opinion, what can be done to reasonably resolve this grievance? _____

Print Name

Signature

Date

This section should be completed by the Dean of Student Affairs/Title IX Coordinator.

Signature

Date Form Recieved