

Student Title IX Complaint/Student Grievance/ Student Appeal Form



**ARKANSAS STATE
UNIVERSITY
THREE RIVERS**

Academic Accommodation
 Non-Academic Title IX

Name of Student Grievant: _____ Date: _____

Current Address: _____

Current Telephone Number:(_____) E-mail Address: _____

Please attach all relevant information and documents.

Date on which the problem occurred: _____

Outline the grievance in the space below. (You may attach a document if necessary.)

Outline the measures which have been taken to remedy this grievance with the student, instructor or staff member prior to submission of this grievance.

If no measures have been taken to remedy this grievance with the student, instructor or staff member, the College recommends this action prior to seeking a grievance.

Outline the remedy (remedies) sought in the space below. (You may attach a document if necessary.)

Student Signature: _____ Date: _____

The use of this form is required by the ASUTR Student Grievance Procedure , COPP (College Operating Policies & Procedures) 5.55. Students are advised to refer to the Student Handbook, available on the college website, www.asutr.edu.

AUTHORIZED USE ONLY

Date Received: _____ VC or Committee Chosen: _____ Title IX _____

Date Committee Met/Date of Investigation _____ Date Recommend Submitted: _____ D

Date of Hearing/Committee _____ Date Resolved: _____

Action Taken: _____

Date Met with Chancellor: _____ Date Resolved: _____ Date Decision Submitted: _____

Action Taken: _____
