

Humboldt State University

STUDENT GRIEVANCE FORM: LEVEL 1

DATE:

TO:

STUDENT GRIEVANT

RESPONDENT

FROM:

Appropriate Administrator

RE:

Outcome of Student Grievance, Level 1

This is to verify that I met with _____ on _____

Student Name

Date

regarding a grievance against the action/decision of _____

Respondent Name

on _____.

Date of Action/Decision

Statement of Grievance:

Resolution:

If resolution was not achieved, the above named student has ten(10) instructional days from receipt of copy of this memorandum to proceed to Level 2 of the student grievance process.