Humboldt State University

STUDENT GRIEVANCE FORM: LEVEL 2

DATE:

TO: **Student Grievance Coordinator**

FROM: _____
Name of Student

_____
Address

_____
Telephone **Message Phone**

RE: **Complaint Alleging Violation of a Campus Policy, Procedure or Practice**

I wish to proceed to Level 2 of the HSU Grievance Procedures for Students Filling Complaints Against Faculty, Staff, or Administrators. My Complaint is against the action/decision of:

_____ _____
Name **Department of Administrative Unit**

Specific Campus Policy, Procedure or Practice Violated:

_____
_____
_____

Narrative data and factual support (include names of persons involved, departments, witnesses, dates, times, records, and supporting documents). Attach data sheets to this form.

Attached please find a copy of the Level 1 Student Grievance Form submitted by:

_____ **On** _____
Name of Appropriate Administrator **Date Level 1 form submitted**

Remedy sought (optional):

_____
_____

_____ _____
Signature of Student submitting this form **Date**