



**GTCC**  
GUILFORD TECHNICAL  
COMMUNITY COLLEGE

**Student Grievance Form**

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. State clearly and concisely the nature of your grievance. Give name(s) of person(s) against whom you are grieving.

2. Can you name other person(s) who will support or verify your statements?

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3. If you have any documents to support your claim, please attach copies of all items you want to be considered.

4. What remedy or corrective action are you requesting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This completed form must be submitted within **five** school days (from the day you received your first response) to the immediate supervisor of the person you first complained to. If you need a complete copy of the Student Grievance Procedures, see the Dean of Student Support Services, Division/Department Chairs or Disciplinary Officer.

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