

# School of Nursing

103 Ware-Rhaney Building

Telephone: (850) 599-3017 Fax: (850) 599-3508

## ACADEMIC COMPLAINT/GRIEVANCE FORM

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Term:  **Fall**     **Spring**     **Summer A**     **Summer B**     **Summer C**    Year: \_\_\_\_\_

Classification:  Junior     Senior     Graduating Senior

FAMU Email: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_

1. Department/Course: \_\_\_\_\_

2. Course Prefix/Number: \_\_\_\_\_

3. Instructor's Name: \_\_\_\_\_

4. Provide a brief description of complaint (attach any supporting documentation).

5. Did you attempt to resolve issue with the personnel/department? Brief explanation.

6. Specific resolution you are seeking:

I have to the best of my ability presented the facts of this incident. I understand that any misrepresentation of this incident may lead to violating the *FAMU Student Code of Conduct*.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Internal Use Only

Summary of Disposition/Date

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