



# FAULKNER

## COLLEGE OF HEALTH SCIENCES

### Student Complaint Record: Academic

*Policy No. 1903*

*For use by students to report both academic grievances, and to be completed by students for Academic Appeals.*

*(Submit to the Office of the Dean)*

**To be completed by the student and sent to Program Director:**

Student Name \_\_\_\_\_ Date:\_\_\_\_\_

Program:\_\_\_\_\_

Course Name and Number (if applicable):\_\_\_\_\_

Nature of Complaint (check all that apply):

- Inappropriate faculty content, instruction, material, and/or assessment
- Inappropriate faculty conduct
- Faculty incompetence in oral or written communication
- Inequities in assignments
- Scheduling of class or exams at other than authorized and published times
- Routinely canceling classes or dismissing students early
- Deviation from syllabus
- Failure to provide disability accommodations
- Inadequate or inappropriate advising
- Failure to communicate in a reasonable time frame
- Unfair or inappropriate grading practices
- Violation of University policies/procedures
- Other\_\_\_\_\_

Student Signature\_\_\_\_\_ Date\_\_\_\_\_

Summarize the complaint below. Be detailed and specific. (Attach additional pages if necessary.)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Describe action(s) already taken by you (the student) to resolve the matter (if applicable).

---

---

---

---

---

---

---

---

---

---

***To be completed by the instructor:***

Describe action(s) taken by the instructor in an attempt to resolve the grievance.

---

---

---

---

---

---

---

---

---

---

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

***To be completed by the Program Director / Chair (if applicable/necessary):***

Describe action(s) taken by the Program Director in an attempt to resolve the grievance if unresolved or unable to be resolved at instructor level.

---

---

---

---

---

---

---

---

---

---

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

***To be completed by the Office of the Dean of CHS (if applicable/necessary):***

Describe action(s) taken by the Office of the Dean in an attempt to resolve the grievance if unresolved or unable to be resolved at program director level.

---

---

---

---

---

---

---

---

---

---

Office of the Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

***To be completed by the Vice President of Academic Affairs (if applicable/necessary):***

Describe action(s) taken by the VP of Academic Affairs in an attempt to resolve the grievance if unresolved or unable to be resolved at Dean’s level.

---

---

---

---

---

VP of Academic Affairs Signature \_\_\_\_\_ Date \_\_\_\_\_

**FINAL RESOLUTION OF THE GRIEVANCE/APPEAL**

Describe the final resolution reached.

---



---



---



---



---



---



---



---



---



---

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Subject of Complaint \_\_\_\_\_ Date \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Office of Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

VPAA Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* Turn in completed form to the Office of the Dean who will then forward a copy to the VPAA.**