

Student Grievance Procedure Form

Instructions: Please read the Student Grievance Procedure before completing this form. Be sure to observe the time limits specified in the procedure. If the action being grieved occurred in a department, school, or graduate group, you should complete the informal or formal grievance process at the unit level before requesting consideration under this procedure. It is not required that you use this form, but please include all the information below in your complaint. Submit formal grievances to:

Undergraduate Students:

Vice Chancellor for Student Affairs
130 California Hall, MC1504
University of California, Berkeley, CA,
94720

Graduate and Professional School Students:

Dean of the Graduate Division
424 Sproul Hall, MC 5900
University of California, Berkeley, CA
94720-5900

Name: _____
(First, Middle Initial, Last)

Academic Department: _____

Mailing Address: _____

Phone: _____

The action being grieved was:

___ discrimination on the basis of _____
___ unfair application of University policy or procedures

The date(s) of most recent occurrence(s) leading to this complaint: _____

What was the result of the unit level grievance procedure?

The date you received the result of the unit level procedure: _____

Provide a short description of the action(s) being grieved under this procedure:

State the resulting injury or harm because of this action:

If known, state the specific law, policy, or rule alleged to have been violated (optional):


Provide a description of the evidence supporting the grievance (may be attached):

State the remedy or relief you are requesting:

If you will be assisted in the grievance process by an advisor, please indicate the individual's name, title, phone number and address:

Is the advisor a lawyer? _____ yes _____ no

Please submit any additional background information that will be beneficial in resolving your grievance.



Signature: _____ **Date:** _____

Please note: If you indicate you will be assisted by an advisor, your signature below authorizes the named individual to receive copies of relevant student records and correspondence regarding the grievance and to accompany you to any meetings.

Signature: _____ **Date:** _____