

University of Phoenix Formal Grievance Form

The University has a responsibility to protect the rights of its students and to promptly investigate and resolve formal grievances. No student shall be retaliated against for filing any grievance.

Please complete the information below. Forward the Formal Grievance Form and any supporting documentation to the appropriate Director depending on the type of grievance.

IRN: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____

Work Phone: _____ Ext.: _____

Fax: _____

Cell Phone: _____

E-mail: _____

Campus: _____

Learning Center: _____

Type of grievance:

Academic ADA Administrative Faculty Financial

1. Describe your grievance:

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2. Who have you contacted at the campus or learning center to try to resolve your grievance?

Date	Name	Title
Outcome of Contact		

Date	Name	Title
Outcome of Contact		

Date	Name	Title
Outcome of Contact		

3. List additional documentation attached to support your position:

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4. List any other steps have you taken to try and resolve your grievance:

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

5. Please describe your desired resolution of this issue:

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6. Additional Comments (attach additional pages, if needed):

By signing below, I represent that all the information I entered on this Formal Grievance Form and any attached documentation is accurate and true to the best of my knowledge.

Signature: _____ Date: _____

For University of Phoenix personnel only:

Date issue received: _____

Received by: _____ Title: _____

Date received by appropriate Director or designee:

Received by: _____ Title: _____

Date entered in CMS: _____