STUDENT GRIEVANCE FORM

Student Name:

Parent/Guardian Name: _____

Please describe your grievance and list the law(s), regulation(s), VASC policies, or VASC Charter provisions, if any, that you believe were violated, misinterpreted, or misapplied. Use the back of this form or additional paper if necessary.

Date(s) the incident(s) giving rise to your grievance occurred:

Date(s) you learned of the incident(s) giving rise to your grievance:
_____

If you feel the Chief Executive Officer is not the person who should address your grievance, please state why.

Please describe any action(s) already taken by you to attempt to resolve your grievance:

Please describe the remedy you seek:

By signing below, I confirm that I have read and understand VASC's Student Grievance Policy:

Signature: _____ Date: _____

Please present this form to the appropriate person under VASC's Student Grievance Policy.