



Student Affairs

**Student Grievance Report Form**

**Date Submitted:** \_\_\_\_\_

Laura Puckett-Boler  
Vice Chancellor for Student Affairs and  
Dean of Students/Chief Student Affairs Officer  
Campus Life Center, Room 303  
Telephone: (864) 503-5107 Fax: (864) 503-5148

<input type="checkbox"/> Academic Issue <input type="checkbox"/> Non Academic Issue <input type="checkbox"/> Disability Related (Please check one)
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**1. General Information**

Name: _____				Email: _____					
Major: _____				Classification: _____					
(freshman, sophomore, etc.)									
Local Address: _____									
				City		State		Zip	
Permanent Address: _____									
				City		State		Zip	
Permanent Telephone: (____) _____				Cellphone: (____) _____					

**2. Statement of Grievance (Be specific including who, what, when, where and how)**

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**3. List any witness(es) name and address or telephone number, if any witness(es) were present. The names will be sufficient if you do not have addresses or telephone numbers.**

1.	_____	_____	_____	_____
	Name of Witness	Address	Telephone	Student
2.	_____	_____	_____	_____
	Name of Witness	Address	Telephone	Student
3.	_____	_____	_____	_____
	Name of Witness	Address	Telephone	Student
4.	_____	_____	_____	_____
	Name of Witness	Address	Telephone	Student

**Please attach any additional documentation that you may have relevant to your grievance when filing this report.**