



Students Grievance Complaint Form

Name: _____ IU ID # _____

Department: _____ Semester _____

Instructor's Name: _____ Cell No. : _____

Email: _____ Postal Address: _____

Type of Grievance (Check all that apply):

- Non- Academic Academic Discrimination

Please provide the information requested below. Limit your response to no more than 2 pages.

- Please include comprehensive details of your complaint, emphasizing factual information such as dates, times, locations, and the identities of individuals involved.
- Clearly identify the individual(s) implicated in the grievance.
- Provide the names and contact details of any individuals involved in your complaint, including witnesses.
- Give the details of any attempt to resolve your concerns informally and/or explain why you believe an informal solution is not possible or not appropriate in this case.
- Specify the desired outcome(s) you seek by submitting this formal grievance.

I confirm that the statements submitted by me are true to the best of my knowledge, information and belief.

Student Signature: _____ Date: _____

Received By: _____ Date: _____

(Name and Signature)