

Office of Student Affairs

**STUDENT GRIEVANCE INTAKE FORM**

SUBMIT COMPLETED FORM TO: [studentaffairs@saybrook.edu](mailto:studentaffairs@saybrook.edu) OR Saybrook. University

Attn: Student Affairs

600 108th Ave NE, Suite 150

Bellevue, WA 98004

425.633.8700 Phone/Fax 425.605-4630

STUDENT NAME:

STUDENT ID #:

SAYBROOK E-MAIL:

PHONE #:

SEMESTER AND YEAR:

DEGREE LEVEL:

PROGRAM:

Campus (Hybrid online or Seattle campus):

**STUDENT SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Respondent:

Respondent’s Title/Department:

Issue:

\_\_\_\_\_ Misapplication or failure to apply a written school policy, a regulation or rule, or a violation of state or federal law

\_\_\_\_\_ Unlawful Discrimination:

|  |  |
| --- | --- |
| Race | National Origin of Ancestry |
| Gender | Sexual Orientation |
| Religion | Marital / Parental Status |
| Age | Military / Veteran Status |
| Disability | Other |

\_\_\_\_\_ Retaliation

If grieving the misapplication or failure to apply a written school policy, a regulation or rule, or a violation of federal or state law, cite the specific policy, regulation, rule or law at issue:

What steps have you taken to resolve this matter informally?

**Please attach a letter addressed to the Director of Student Success describing the nature of the matter being grieved, including any facts and documents you intend to utilize to support your position.**

Requested Resolution: