

Office of Student Affairs

**STUDENT GRIEVANCE INTAKE FORM**

SUBMIT COMPLETED FORM TO: studentaffairs@saybrook.edu OR Saybrook University

Attn: Dean of Students

475 14th Street, 9th Floor

Oakland, CA 94612

510.593.2985

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: