



Grievance#: _____

Date: _____

(Must be completed within 10 days of submission date)

STUDENT GRIEVANCE FORM

(The student's right to be heard)

To be completed by the student and submitted to the office of the Associate Dean for Student Services. **All written and spoken communication will be dealt with in strict confidence.**

Student's Name: _____

Gender: Male Female

Qatari ID: _____

Cell Phone: _____ Alternate No: _____

Description of Grievance

Date: _____

(Attach a separate sheet if needed)

Would you like to meet with a Departmental Representative? Yes No

Student Signature: _____

For Official Use Only:

Responding Administrator: _____

Response: _____

Comments:

Final Decision:

Signature: _____ Date: _____