

GIAL Dispute Filing/Resolution

Prior to completing this form, please be sure to familiarize yourself with GIAL's Grievance Policy, which can be found both in the GIAL Catalog and on GIAL's website at <http://www.gial.edu/grievances/>. Once the issue is resolved, please send a copy of the filled out form to dean-students@gial.edu for statistical purposes.

Information about you (the Complainant)

Date submitted: _____

- Student Faculty Staff Administration Public

Last Name: _____ Address: _____

First Name: _____

Phone: _____ Email: _____

Your complaint

Name of the person/nature of the situation about which you have a complaint:

Please tell us about your complaint. Please include **1) a chronological history** of the events including the date, time, and location on which specific events occurred and **2) a description of the measures you have already taken** in attempt to resolve this situation. If more space is needed, please include the information on a separate sheet and attach it to this form.

Date and Time	Location	Incident/Event

What remedy are you seeking as a result of your complaint?

Note: Please refer to the appropriate grievance policies and procedures to identify important deadlines involved in addressing complaints.

Student, staff, and faculty members involved:

Please make accurate records of actions taken in addressing the complaint presented on the front of this form.

Please include the following required information:

1. Date that the complaint was received in your office and dates of actions taken in response
2. Action taken upon receipt of the complaint
3. Conclusion reached/action taken to resolve the complaint
4. Response of complainant
5. Description of any further action taken/required
6. Any other notes deemed helpful/necessary

*If more space is needed, please include the information on a separate sheet and attach it to this form. Please also attach to this sheet any complaint forms previously submitted by this complainant about this complaint. Otherwise, attach a summary of the complaint history (if previously reported to another individual).

Date	Persons Involved	Action Taken	Resolve Y/N	Faculty initials	Cmplnant initials

Signature of person who has resolved this complaint:

Date: _____

Signature of complainant that issue is resolved:

Date: _____

Please keep this form with a record of any further actions taken by complainant.