



Casa Loma College

School of Nursing & Allied Health

Student Grievance Form

Name: _____	Email Address: _____
Address: _____	Class ID: _____
Phone Number: _____	<u>PRINT LEGIBALLY</u>

1. What is the general nature of your grievance? _____

2. What specific policy, regulation or student right do you allege has been violated? _____

3. What facts do you believe established the violation? _____

4. What solution to you request? _____

5. Is there any other information you wish to present at this time? _____

6. Are there any documents you wish to have considered? YES NO
If yes, please attach copies to this form.

A copy of this form must be turned in to the Campus Director within thirty (30) days following the date of the incident occurring.