KINGSBOROUGH
COMMUNITY COLLEGE
★ DREAMS BEGIN HERE ★

Student Grievance Form

Date: _____

Received Via: ☐ Call In ☐ Walk-In ☐ Email

Complainant(s): _____

EMPLID: _____

Phone No.: ( )_____**Email:**_____

Address: _____

Respondent(s): _____

Witness(es): _____

Reported by: _____ **Incident Location:** _____

Synopsis:

☐ Referred to/Copied/No Further Action Required:

Notes: