

EMU Faculty of Pharmacy - Student Grievance Form

Personal Information:	
Full Name:	
Student ID:	
Contact Email:	
Contact Phone:	

GRIEVANCE DETAILS	
Date of Grievance Discovery:	
Nature of Grievance:	
Description of Grievance:	
Supporting Documentation (if any): *Attach supporting documents	

RESOLUTION ATTEMPS	
Informal Resolution Attempt (if applicable): *Describe the informal resolution attempt with the faculty advisor.	

Formal Grievance Filing Date:	
--------------------------------------	--

STEPS TAKEN DURING FORMAL GRIEVANCE PROCESS	
Submission of formal grievance to the Dean's office	
Participation in mediation sessions	
Any additional meetings or documentation provided	
Desired Resolution: Specify the desired resolution for the grievance.	

Declaration: I affirm that the information provided in this grievance form is accurate and complete to the best of my knowledge.	
Student's Signature:	

Date:	
--------------	--