

Student Academic Grievance Form

This form should be used to file a grievance related to an adverse academic decision. Before filing a formal grievance, UIC’s expectation is that the Student has made a sincere attempt to resolve their Academic Complaint with the Respondent, except for Academic Complaints that include allegations of unlawful discrimination or sexual misconduct, where an attempt at informal resolution is not required.

Please type your responses in the boxes below, which will expand if you need additional space, and attach related documentation if it is appropriate.

Grievant (person filing grievance)
1. Name:
2. UIN:
3. Department/College/Unit:
4. Phone number (with area code):
5. Email address:
6. Mailing address (with zip code):
Respondent (person who made the decision being grieved)
1. Name:
2. Department/College/Unit:
3. Phone number (with area code):
4. Email address:
Grievance
1. Describe the academic decision you are grieving.
2. What was the date of the decision?
3. Why do you believe the decision should be changed? Please attach evidence to support your case if appropriate. (If there are multiple attachments, consider labeling each as an appendix and then describing in your response how the evidence in each appendix supports your case.)

4. What remedy, or solution, are you seeking? (You may provide several options.)		
5. What steps have been taken to resolve the complaint? (e.g., emailed or met with respondent). Fill in the action taken, the date of the action, and the outcome below. (Please note that an outcome could include a lack of a response.)		
Action taken: Date: Outcome:	Action taken: Date: Outcome:	Action taken: Date: Outcome:
<hr/> Grievant's signature _____ Date _____		
Administrative Use		
Received by:	Date received:	
Administrative officer (or designee) assigned:		

Student Academic Grievance Process Form for Administrative Officers: Level 1

This form must accompany the Grievance Record. Please attach related documentation, including the formal letter that is sent to the grievant after the final decision is made.

Grievance Information		
Grievant's name:		
Respondent's name:		
Department/College/Unit (in which grievance was filed):		
Date grievance was filed:		
Date OAE was notified by AO (if appropriate):		
Administrative Officer's Decision		
Name/Title of Administrative Officer (or designee):		
Decision (and rationale):		
AO's signature	Date	
Status of Grievance After AO's Decision		
<input type="checkbox"/> Grievance resolved Date:	<input type="checkbox"/> Grievance withdrawn Date:	<input type="checkbox"/> Grievant appeals to GO Date:
Administrative Use		
Were any deviations from the process requested? If so fill in the type of deviation requested, the date of the request, whether it was granted, and if it was, when it was approved.		
Deviations requested:		
Date requested:		
Granted: Yes/No		
Date granted:		
If appealed, Grievance Officer (or designee) assigned:		

Student Academic Grievance Process Form for Grievance Officers: Level 1

This form must accompany the Grievance Record. Please attach related documentation, including the formal letter that is sent to the grievant after the final decision is made.

Grievance Information		
Grievant's name:		
Respondent's name:		
Department/College/Unit (in which grievance was filed):		
Date of AO's decision:		
Date Grievant requested hearing:		
Date OAE was notified by GO (if appropriate):		
Grievance Officer's Decision		
Name/Title of Grievance Officer (or designee):		
Date hearing panel was charged:	Date hearing was held:	Date hearing panel reported to GO:
Hearing Panel Members (name, title, and college) 1. 2. 3.		
GO's decision (and rationale):		
_____ GO's signature		_____ Date
Status of Grievance After GO's Decision		
<input type="checkbox"/> Grievance resolved	<input type="checkbox"/> Grievance withdrawn	<input type="checkbox"/> Grievant appeals to chancellor
Date:	Date:	Date:

Administrative Use (if appealed to GO)

Were any deviations from the process requested? If so fill in the type of deviation requested, the date of the request, whether it was granted, and if it was, when it was approved.

Deviation requested:

Date requested:

Granted: Yes/ No

Date granted:

Student Academic Grievance Process Form for Administrative Officers: Level 2

This form must accompany the Grievance Record. Please attach related documentation, including the formal letter that is sent to the grievant after the final decision is made.

Grievance Information		
Grievant's name:		
Respondent's name:		
Department/College/Unit (in which grievance was filed):		
Date grievance was filed:		
Date OAE was notified by AO (if appropriate):		
Administrative Officer's Decision		
Name/Title of Administrative Officer (or designee):		
Process selected (check appropriate box below)		
<input type="checkbox"/> AO made independent decision.	<input type="checkbox"/> Informal hearing: AO and Grievant	
Decision (and rationale):		
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"> AO's signature _____ Date _____ </div>		
Status of Grievance After AO's Decision		
<input type="checkbox"/> Grievance resolved Date: _____	<input type="checkbox"/> Grievance withdrawn Date: _____	<input type="checkbox"/> Grievant requests GO review. Date: _____
Administrative Use		
Were any deviations from the process requested? If so fill in the type of deviation requested, the date of the request, whether it was granted, and if it was, when it was approved.		
Deviation requested: _____ Date requested: _____ Granted: Yes/No _____ Date granted: _____		
Grievance Officer (or designee) to whom report or request for review is sent: _____		

Student Academic Grievance Process Form for Grievance Officers: Level 2

This form must accompany the Grievance Record. Please attach related documentation, including the formal letter that is sent to the grievant after the final decision is made.

Grievance Information		
Grievant's name:		
Respondent's name:		
Department/College/Unit (in which grievance was filed):		
Date of AO's decision:		
Date Grievant requested review of AO's decision:		
Date OAE was notified by GO (if appropriate):		
Grievance Officer's Decision		
Name/Title of Grievance Officer (or designee):		
GO's decision (check appropriate box below)		
<input type="checkbox"/> GO records AO's decision (no review requested).	<input type="checkbox"/> GO upholds AO's decision.	<input type="checkbox"/> GO modifies AO's decision.
Rationale:		
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> GO's signature Date </div>		
Status of Grievance After GO's Decision		
<input type="checkbox"/> Grievance resolved Date:	<input type="checkbox"/> Grievance withdrawn Date:	<input type="checkbox"/> Grievant appeals to chancellor Date:
Administrative Use (if appealed to GO)		
Were any deviations from the process requested? If so fill in the type of deviation requested, the date of the request, whether it was granted, and if it was, when it was approved.		
Deviation requested:		

Date requested:

Granted: Yes/ No

Date granted: