

**Northwest Vista College  
Student Academic Grievance Form**

Name _____	Major _____
SID/SSN _____	Day Phone _____
Address _____	Alt. Phone _____
City/St./Zip _____	Email _____

**Step One: Description of Grievance**

Date of Incident _____	Name of Instructor _____
	Course/Section _____

**Write grievance summary or attach prepared document:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student/Instructor Conference Date _____	<input type="checkbox"/> Resolved
Student Signature _____	<input type="checkbox"/> Unresolved
Instructor Signature _____	

**If the matter is resolved, then the process ends here. Otherwise, proceed to STEP TWO within 5 days.  
Forward supporting documentation as necessary.**

**Step Two: Department Chair Conferences**

Student/Dept Chair Conference Date _____	<input type="checkbox"/> Resolved
	<input type="checkbox"/> Unresolved
Instructor/Dept Chair Conference Date _____	
Student Signature _____	
Dept Chair Signature _____	

**If the matter is resolved, then the process ends here. Otherwise, proceed to STEP THREE within 5 days.  
Forward supporting documentation as necessary.**

**Step Three: Inclusive Conference**

Student/Instructor/Dept Chair Conference Date _____	<input type="checkbox"/> Resolved
	<input type="checkbox"/> Unresolved
Student Signature _____	
Instructor Signature _____	
Dept Chair Signature _____	

**If the matter is resolved, then the process ends here. Otherwise, proceed to STEP FOUR within 5 days.  
Forward supporting documentation as necessary.**

## Step Four: Department Chair Action

Upon consideration of the circumstances presented, I hereby affirm\* \_\_\_\_\_/ deny \_\_\_\_\_ the grievance in question.  
\*Written explanation must be forwarded to Instructor.

Dept Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

I accept \_\_\_\_\_/ reject \_\_\_\_\_ the decision of the Department Chair. Student Signature \_\_\_\_\_

I accept \_\_\_\_\_/ reject \_\_\_\_\_ the decision of the Department Chair. Instructor Signature \_\_\_\_\_

**If the matter is resolved, then the process ends here. Otherwise, proceed to STEP FIVE within 5 days.  
Forward supporting documentation as necessary.**

## Step Five: Appeal to Vice President

### ACTION BY VICE PRESIDENT ACADEMIC SUCCESS Final Arbitration

Student/ Instructor/ Dept Chair/ VPAS Conference Date \_\_\_\_\_

Upon consideration of the circumstances presented, I hereby affirm\* \_\_\_\_\_/ deny \_\_\_\_\_ the grievance in question.

Dean Signature \_\_\_\_\_

VPAS's Remarks:

\*A conference with the instructor and Chair must be held and written explanation of the decision must be provided.  
Refer to Student Academic Grievance Policy

The Alamo Community College District, and its affiliated colleges, does not discriminate on the basis of race, religion, color, national origin, sex, age, or disability with respect to access, employment programs, or services. Inquiries or complaints concerning these matters should be brought to the attention of:

Director of Human Resources  
Title IX Coordinator  
Human Resources Department  
201 W. Sheridan, Bldg. AA  
San Antonio, Texas 78204.

Web site developed and maintained by Martha ES Buchanan. Last update: 05/2007