



Grievance Form

The University of St. Augustine is committed to providing a learning and working environment in which complaints are addressed fairly and resolved promptly. All complaints are taken seriously. The procedure for handling complaints from current students encourages informal conciliation, facilitates early resolution, and maintains individual privacy and confidentiality. Please note that complaints regarding sexual misconduct policy should be referred to the Title IX officer. Complaints related to academic dismissals or professional misconduct should follow those procedures outlined in the Catalogue/Handbook.

Students are encouraged to address concerns or complaints promptly, generally within five business days of the date of the incident or occurrence that has given rise to the concern or complaint. USAHS endeavors to resolve all concerns and complaints, however, delayed reports of a concern or complaint, may make the matter harder to investigate and resolve.

Formal Complaint Process

While students are encouraged to use the Open Door policy described above, students may also use USAHS' Formal Complaint Process, described in this section, to resolve a complaint.

Step 1

The Formal Complaint Process requires students to complete the Student Complaint Form located at myUSA, which will be submitted to the Office of Student Affairs. The Office of Student Affairs will direct the complaint to the responsible party to investigate and attempt to resolve the complaint. A written summary of any resolution reached will be provided to the student, by the Office of Student Affairs, generally within 10 business days after receipt of the written complaint.

Step 2

Students may appeal a Step 1 decision, in writing, to the Grievance Committee by completing the Grievance Form within five business days after the Step 1 response was issued to you. The Grievance Committee will investigate the complaint and give you an opportunity to discuss the complaint. The Office of Student Affairs will seek to provide the student with a written response from the Grievance Committee within 60 business days.

Step 3

You may request reconsideration of the Grievance Committee's decision, in writing, to usastudentaffairs@usa.edu within five business days after the Step 2 response was issued to you. Request for reconsideration will be forwarded to the President or their designee. In most cases a Dean will serve as the designee for the president. For purposes of a request for reconsideration, the President or designee will review the existing record from the previous investigations. The Office of Student Affairs will provide the student with a written response to the request for reconsideration at the conclusion of the process.



UNIVERSITY OF ST. AUGUSTINE

FOR HEALTH SCIENCES

Grievance Form

Name: _____ Date: _____ Student ID: _____

Program: _____ Flex (check one): Yes No

Campus Location: _____ Enrollment Term (month/year): _____/_____

Phone Number: _____ Email: _____

I have attempted to address my concerns with the individual involved in the complaint and/or the direct supervisor:

Yes No

I have attempted to address my concerns by participating in the formal complaint process:

Yes No

Category of Grievance:

- | | |
|---|---|
| <input type="checkbox"/> Academic- Curriculum Related | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Academic Policies & Procedures | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Administrative Policies and Procedures | <input type="checkbox"/> Student Peer Complaint |
| <input type="checkbox"/> Administrative Services | <input type="checkbox"/> Technology Issues |
| <input type="checkbox"/> Clinical Education | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Clinical Education- Site | <input type="checkbox"/> Accommodation |
| <input type="checkbox"/> Facilities | |

Date, Time, & Location of Incident: _____

Please list the names of the individuals involved in your grievance.

Please describe the outcome of your formal complaint.

Please provide a detailed explanation of your Grievance.

Please describe your preferred remedy as the outcome of your complaint.

I certify the information entered above is true to the best of my knowledge and belief.

Student Signature

Date

Please return this completed form to: usastudentaffairs@usa.edu