



St. John's College of Nursing

Student Complaint/Grievance Form

Section I: Student Information

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|--|--|
| Full Name: | |
| Student ID: | |
| Email Address: | |
| Phone Number: | |
| Program (<i>BSN, LPN-BSN, RN-BSN, MSN, Other</i>): | |
| Semester/Year: | |

Section II: Complaint/Grievance Details

| | |
|--|------------------------------|
| Date of Incident or Issue: | |
| Type of Complaint (Check all that apply): | |
| <input type="checkbox"/> | Academic |
| <input type="checkbox"/> | Clinical |
| <input type="checkbox"/> | Faculty/Staff |
| <input type="checkbox"/> | Administrative/Services |
| <input type="checkbox"/> | Discrimination or Harassment |
| <input type="checkbox"/> | Other (Please Describe): |
| Describe the complaint or grievance in detail: | |
| Steps taken to resolve the issue informally: | |
| What outcome or resolution are you seeking? | |

Section III: Supporting Documentation

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| Do you have supporting documents (emails, assignments, policies, etc.) to attach: | |
| <input type="checkbox"/> | YES |
| <input type="checkbox"/> | NO |
| List of attachments (if any): | |

Section IV: Certification and Signature

I certify that the information provided in this form is true and accurate to the best of my knowledge. I understand that this complaint will be reviewed in accordance with the Student Complaint and Grievance Policy, and that retaliation for filing a grievance in good faith is strictly prohibited.

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|--------------------|
| Student Signature: |
| Date: |

For Administrative Use Only

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|----------------------|--|
| Date Received: | |
| Received By: | |
| Referred To: | |
| Response Due By: | |
| Notes/Actions Taken: | |