

# Graduate Grievance Form

Please read the [Graduate Grievance policy](https://www.mtu.edu/gradschool/policies-procedures/academic/grievance/) before filing a grievance. Email the completed form to the Graduate School (email to [gradschool@mtu.edu](mailto:gradschool@mtu.edu)) This application form is restricted so that you can only edit the form fields. It will work best if you use Microsoft Word. If you do not use Microsoft Word, you may not be able to correctly enter data. Please contact the [Graduate School](mailto:gradschool@mtu.edu?subject=Finishing%20Fellowship%20Application) if you have any questions or problems using this form.

Under the Americans with Disabilities Act, if you have a **disability that requires an accommodation** at any point during this process, please contact Disability Services as soon as possible so appropriate arrangements can be made. Email [disability@mtu.edu](mailto:disability@mtu.edu) | Call 906-487-3558

## Types of Grievances

The Graduate School will only consider the following types of grievances:

* Actions, conduct, or decisions that violate University policy or the accepted professional standards practiced within the discipline served by the graduate program.
* Deviations from written grading, examination, and disciplinary policies at the University, graduate program, departmental, or course level.
* Failure of a faculty, staff, or other member of the University community to disclose in writing the basis for a decision that has an adverse impact on a graduate student when such disclosure has been requested in writing by the student.
* Retaliations against a student due to the result of a prior grievance or appeal.

## Provide information about you and your program

Complete the information requested below.

Name Last or Family Name, First Name or FNU

M-Number (M12345678) M

Graduate program Enter your graduate program

Advisor Name(s) Enter the name(s) of your advisor(s)

Daytime phone number Enter phone number; include area and/or country code

If you would like an advocate at the hearing, please provide their name and e-mail address. (500 character limit)

Click or tap here to enter text.

Please identify any individuals with a conflict of interest and describe the conflict of interest. Individuals with a conflict of interest will not be considered for the Grievance Committee. (1000 character limit)

Click or tap here to enter text.

## Select the type of grievance you are reporting. (Select all that apply.)

Only grievances in one of the following categories will be considered by the Graduate School.

Actions, conduct, or decisions that violate University policy or the accepted professional standards practiced within the discipline served by the graduate program.

Deviations from written grading, examination, and disciplinary policies at the University, graduate program, departmental, or course level.

Failure of a faculty, staff, or other member of the University community to disclose in writing the basis for a decision that has an adverse impact on a graduate student when such disclosure has been requested in writing by the student.

Retaliations against a student due to the result of a prior grievance or appeal.

## Provide information about the grievance

The fields below will expand to fit your response, but are limited to the character count indicated. Please provide sufficient information for the committee to understand the situation using the space provided.

You may attach relevant documentation to this complaint, such as written correspondence with the individuals named in the complaint, or a written decision from a department/program/school.

If your grievance involves a course, include the course name, number, and semester you enrolled in the course. (500 character limit; Type “NA” if your grievance does not involve a course.)

Click or tap here to enter text.

State the policy or procedure that is being violated. Include a link to a website that contains the written policy, if possible. (4000 character limit)

Click or tap here to enter text.

Please provide the name of all the individuals whose actions give rise to your grievance. (500 character limit)

Click or tap here to enter text.

Indicate why you feel you have been unfairly treated and why your situation needs to be considered by the Graduate School. (4000 character limit)

Click or tap here to enter text.

Describe the action you have taken to seek resolution of the grievance. Grievances that have not exhausted opportunities to resolve the grievance at a lower level will not be considered by the Graduate School. (4000 character limit)

Click or tap here to enter text.

Please provide any additional information relevant to the complaint. (Type "none" if there is nothing additional) (4000 character limit)

Click or tap here to enter text.