

North Carolina Central University NCCU Online Student Grievance Form

NOTE: Asterisks (*) indicate required form fields.

	Last Name*:			
		City*:		
		Zip Code*:		
		Phone*:		
Classificati		n*:	*:	
:		1		
Time of Inc		dent*:		
*:				
		? *		
	*:) Against Whom Grieve ondent(s) responsible for	Classification Time of Incid *:	Zip Control Phone Classification*: Time of Incident*: *: Ondent(s) responsible for this incident? *	City*: Zip Code*: Phone*: Classification*: Time of Incident*: *: Against Whom Grievance is Filed (AKA Respondent(s) responsible for this incident? *



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If this incident has occurred before, please give details of previous occurrence(s):					
If you have attempted to resolve this incident before, what were the results?					
What is the desired resolution you are seeking for this incident? *					
Please share any additional information you would like considered.					
I attest that all information provided is true and accurate to the best of my knowledge. I					
understand that a false statement on this form constitutes furnishing false information under					
Article II, Section 2.01(K) of the Student Code of Conduct. Any false statement may also be					
grounds for sanctions determined by the Office of Student Rights and Responsibilities. *					