

HUMBOLDT STATE UNIVERSITY

STUDENT GRIEVANCE FORM: LEVEL 2

DATE:

TO: Student Grievance Coordinator

FROM: Name
Address
City State Zip Code
Phone Email address

RE: **Complaint Alleging Violation of a Campus Policy, Procedure or Practice**

I wish to proceed to Level 2 of the HSU Grievance Procedures for Students Filing Complaints Against Faculty, Staff, or Administrators. My Complaint is against the action/decision of:

Name

Department of Administrative Unit

Specific Campus Policy, Procedure or Practice Violated:

Please attach to this form:

- Narrative data and factual support (include names of persons involved, departments, witnesses, dates, times, records, and supporting documents)
- Copy of the **Grievance Level 1 form** submitted by:

Administrator

On:

Date

Remedy sought:

Signature of Student submitting this form

Date