



Formal Grievance Complaint Report Form

Alliant International University is committed to maintaining a University environment in which its members can live and work in an atmosphere of acceptance, civility, and mutual respect for the rights, duties, and sensibilities of each individual. Occasionally, however, complaints or concerns arise, the timely resolution of which is important to maintaining the desired University atmosphere. Alliant encourages the prompt reporting of complaints so that a rapid response can be made, and appropriate action taken.

Grievable issues include:

- Unfair or unreasonable treatment by a staff or faculty member in relation to the discharge of University- related duties
- Violation of a duly adopted University policy as described in the University’s catalog, student handbooks, or other publications
- Harassment and/or discrimination under federal, state or local law; or
- Unethical conduct according to recognized professional standards.

The following issues are not reviewable through the grievance process:

- An issue that would dispute the legitimate exercise of professional judgment by University faculty, administration or staff
- The content of any policy or procedure currently in force at the University
- A student performance evaluation or grade for a course or field placement or for independent academic work under the supervision of a faculty member (grade appeals process applies)
- A decision regarding a student’s academic status made by a duly designated administrative officer or committee
- A procedural or final decision of a previous complaint or grievance; or
- Any action taken more than 180 calendar days prior to a complaint or grievance.

All grievances must be filed within 180 calendar days of the alleged violation or the time at which the person making the complaint (the complainant) knew (or should have known) of the alleged violation. Failure to file a formal grievance within the 180-calendar-day period constitutes waiver of the right to file a grievance. Additional information regarding the University’s [Problem Solving and Dispute Resolution Guidelines](#) is available in the University [Catalog](#).

The following persons are designated to coordinate the University’s responsibilities under the law and to ensure compliance with the University’s policy against discrimination:

Amber Eckert, Vice President, Student Affairs

(858) 635-4535 amber.eckert@alliant.edu

Melissa Rothmeyer, Interim Human Resource and Employee Relations Director

(858) 635-4783 melissa.rothmeyer@alliant.edu

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What is your affiliation with Alliant International University?

Student _____ Employee _____

First Name: _____ Last Name: _____

Preferred Name: _____ Preferred Pronoun (i.e. she/he/they) _____



What is the best contact information to reach you? How would you prefer to be contacted? Phone _____ Email _____
Phone: _____ Email: _____

Mailing Address: _____

Student ID: _____ Employee ID: _____

WHAT IS/ARE THE NAME(S) OF THE PERSON/PEOPLE AGAINST WHOM YOU HAVE A FORMAL GRIEVANCE COMPLAINT REPORT

PLEASE DESCRIBE HOW YOU HAVE CONTACT WITH THE PERSON/PEOPLE

PLEASE DESCRIBE WHAT YOU ARE ABLE TO REMEMBER ABOUT THE EXPERIENCE THAT LED TO THIS FORMAL GRIEVANCE COMPLAINT REPORT (Please continue on a separate sheet if needed and attach)

PLEASE DESCRIBE WHEN AND WHERE THIS HAPPENED (E.g. a date, time/s if available, or an approximate timeframe)

HAVE YOU FILED A REPORT WITH ANY LAW ENFORCEMENT OR OTHER GOVERNMENTAL AGENCY?

ARE THERE WITNESSES, DIRECT OR INDIRECT, WHO YOU THINK WE SHOULD SPEAK TO? IF YES, PLEASE PROVIDE THEIR NAME/S, CONTACT INFORMATION AND THEIR RELATIONSHIP TO YOU. Note: All contacts with potential witnesses regarding this report are to be made only by the Formal Grievance Investigator

DO YOU HAVE ANY DOCUMENTATION, TEXT MESSAGES, EMAILS, SCREEN SHOTS ETC. THAT YOU WOULD LIKE TO PROVIDE? (If yes, you can attach it to this form or provide it to us later in person)



PLEASE DESCRIBE WHO ELSE AT THE UNIVERSITY, IF ANYONE, YOU HAVE TOLD ABOUT YOUR EXPERIENCE

PLEASE DESCRIBE WHAT YOU WISH TO SEE AS THE OUTCOME TO YOUR REPORT

PLEASE PROVIDE ADDITIONAL INFORMATION YOU WOULD LIKE FOR US TO KNOW

I certify that the information I have provided in this Formal Grievance Complaint Report is true and correct.

Your signature: _____ Date: _____