



Fair Treatment Policy Form

Student Name: _____

Date _____ Department/Program: _____

Statement of Grievance :

Supporting Information:

Date or Dates of Conferences with Involved Parties:

Student's Perception of the Outcome of the Conference(s):

Step I Date: _____

Student Signature:

Involved Party Signature:

Dean of Nursing & Health Sciences of the College or
Director of Student Services & External Relations Signature

Decision Statement:



Step II Date: _____

Student Signature

Involved Party Signature

Chair, Student Affairs Committee Signature
Decision Statement:

Step III Date: _____

Student Signature

Involved Party Signature

Chancellor Signature Decision Statement: