

DAKOTA COUNTY TECHNICAL COLLEGE

Student Grievance Form Step 1, Page 1

Name of Student Grievant _____

Step 1: To the Employee Being Grieved

Name of Person Being Grieved _____

Action Being Grieved:

1. Indicate the exact policy, regulation, or procedure involved in the grievance.

2. Indicate the reason for the grievance:

_____ grieving the application of the specific provision of the policy, regulation or procedure

_____ grieving that the application of the policy, regulation or procedure is not uniform

_____ grieving that the application of the policy, regulation or procedure is not in accordance with its provision of _____

3. Give detailed explanation of the grievance checked in Number 2 above.

4. Remedy Sought:

Signature of Student _____

Date of Filing: _____

(Note: Grievance must be filed within twenty business days after occurrence.)

Dakota County Technical College

**Student Grievance Form
Step 1, Page 2**

Name of Student Grievant _____

Date of grievance meeting between employee and student: _____
(must be within 10 business days after receipt, unless extension is mutually agreed upon and copy of agreement is attached)

Settlement:

Signature of Employee: _____

Signature of Student: _____

Date of Settlement: _____

Dakota County Technical College

**Student Grievance Form
Step 1, Page 3**

Name of Student Grievant: _____

Written answer of employee, optional.

Signature of Employee: _____

Date: _____

(must be within 10 business days after meeting unless extension is mutually agreed upon and copy of agreement is attached)

Send copy to employee's supervisor.

Dakota County Technical College

**Student Grievance Form
Step 2, Page 1**

Name of Student Grievant: _____

Step 2: To the Administrator to whom the employee reports.

Name of Administrator: _____

Date of Filing: _____
(must be within 10 business days after receipt of written answer from employee, unless extension is mutually agreed upon and copy of agreement is attached)

Date of Grievance Meeting between Administrator and Student: _____
(must be within 10 business days after receipt, unless extension is mutually agreed upon and copy of agreement is attached.)

Settlement:

Signature of Administrator: _____

Signature of Student: _____

Date of Settlement: _____

Dakota County Technical College

**Student Grievance Form
Step 2, Page 2**

Name of Student Grievant: _____

Written answer of Administrator, if no settlement is reached:

Signature of Administrator: _____

Date: _____

(Must be within 10 business days after meeting, unless extension is mutually agreed upon and copy of agreement is attached)

Send copy to the President.

Dakota County Technical College

**Student Grievance Form
Step 3, Page 1**

Name of Student Grievant: _____

Step 3: To the College President

Date of Filing: _____

(Must be within 10 business days after receipt of the written answer from the Administrator, unless extension is mutually agreed upon and copy of agreement is attached)

Date of Grievance Meeting between President and Student: _____

(Must be within 10 business days after receipt, unless extension is mutually agreed upon and copy of the agreement is attached)

Settlement:

Signature of President: _____

Signature of Student: _____

Date of Settlement: _____

Dakota County Technical College

**Student Grievance Form
Step 3, Page 2**

Name of Student Grievant: _____

Written answer of the College President if no settlement is reached:

Signature of President: _____

Date: _____

(Must be within 10 business days after meeting unless extension is mutually agreed upon and copy of agreement is attached)

Dakota County Technical College

Student Grievance Form

Step 4 (Grievance involves a MnSCU Board Policy or the actions of the DCTC President)

Name of Student Grievant: _____

Step 4: To the Chancellor

Date of Filing: _____

(Must be within 10 business days after receipt of President's answer in Step 3)

Decision of Designee or the Chancellor:

Signature of Designee or the Chancellor: _____

Date: _____

Dakota County Technical College
Student Grievance Form Time Extension

Agreement on Extension of Time:

We, the undersigned, have agreed to extend the time limit for Step _____ of this grievance
by (name of student grievant) _____
from _____ to _____.

Signatures:

Date:

