INSTRUCTIONS FOR COMPLETING THIS FORM: Please read the Student Grievance Procedure before completing this form. Be sure to observe the time limits specified in the procedure. You are also encouraged to attempt to resolve the matter at the local level if possible. It is not required that you use this form, but please include all the information below in your complaint. Submit formal grievances to:

Vice President for Student Affairs 501 Vine Street
Scranton, PA 18509
Email: Musewiczs@lackawanna.edu

Grievant Name: __________________________
Address Line 1___________________________
City________________________ State_______ Zip Code _______ Phone Number ________
Name of individual whose conduct is being grieved
______________________________________________________________________________

Date of most recent occurrence(s) leading to this complaint
______________________________________________________________________________

Result of prior attempts to resolve this matter at the department level
______________________________________________________________________________

Date you received department level response _________________________________________

Provide a short description of action(s) being grieved ____________________________
______________________________________________________________________________

State the resulting injury or harm because of this action ______________________________

Provide a description of any evidence supporting the grievance ________________________
______________________________________________________________________________

State the remedy or relief you are requesting _________________________________________
______________________________________________________________________________

Please submit any additional background information that will be helpful in resolving your grievance ____________________________________________________________________

I understand that checking this box constitutes a legal signature confirming truthfulness of the information provided in this form.