**Student Grievance**

*(This form must be completed in full and submitted with your statement)*

**1. GRIEVOR**

Name:

Address:

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Graduate**

**Undergraduate**

**Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. GRIEVANCE**

Provide a concise statement of the grievance alleged.

**3. GROUNDS**

Indicate the right accorded to you as a student under the Charter of Student Rights or the obligation of the University under the Charter of Student Rights upon which your grievance is based. *(You must make reference to a specific section of the Charter of Student Rights)*

**4. PROCEDURE FOR RESOLUTIONS**

Describe the procedures you have followed to resolve the alleged grievance.

**5. RESPONDENT**

The University is the Respondent. List the name or names of the member(s) of the University occupying a position of authority to you as a student in a University-related matter who is alleged to have infringed a right accorded to you under the *Charter of Student Rights*.

**6. REDRESS**

Describe the redress you seek.

**7. ADVISOR**

You have a right to be assisted by an advisor who is a member of the University community. Your advisor may accompany you to any hearing.

I will not be assisted by an advisor

I will be assisted by an advisor. My advisor is:

The Secretariat communicates with either the Grievor or his/her advisor. Please indicate which:

Grievor

Advisor

Name:

Address:

Tel: Email:

**8. COMMUNICATION**

Correspondence and dissemination of documents relating to your case may be by email (if size of submissions permit). Please indicate whether you accept:

Accept

Decline

I hereby lodge grievance in accordance with the Code of Student Grievance Procedures.

*Signature of student Date*

**Please submit the original of this form along with a detailed statement of your grievance to:**

**Ms Bonnie Borenstein**

**Secretary, Senate Committee on Student Grievances**

**Secretariat**

**James Administration Building**

**845 Sherbrooke Street West, Room 313**

**Montreal H3A 2T5**

**Telephone: (514) 398-1568**

**Email: bonnie.borenstein@mcgill.ca**

*For office use only*

Date sent to the Chair of the Committee:

Date sent to the Respondent: