**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: