



GRIEVANCE FORM

DUNES AVIATION ACADEMY

GRIEVANCE INFORMATION

Name : <input type="checkbox"/> Student <input type="checkbox"/> Staff	Date of Submission
Contact Number	ID / Registration Number

DETAILS OF EVENT LEADING TO GRIEVANCE

Nature Of Grievance

<input type="checkbox"/> Academic Issue <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Facilities	<input type="checkbox"/> Other (please specify): <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
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Account of Event/Violations

Provide a detailed account of occurrence. Include the names of any additional person involved. and a list of any policies, procedures or guidelines you believe have been violated in the event describe.

PROPOSED SOLUTION

Please retain a copy of this form for your own records. As the grievant, your signature below indicates that information you have provided on this form is truthful.

SIGNATURE

SIGNATURE :	RECEIVED BY :
DATE :	DATE :