UNIVERSITY OF WEST GEORGIA
TANNER HEALTH SYSTEM SCHOOL OF NURSING
GRIEVANCE DOCUMENT

Student Name ___________________________ ID Number ____________________

Students are encouraged to meet informally with the faculty member to discuss concerns directly in an attempt to resolve the issue without further action. Has this meeting occurred between student and faculty member? NO YES DATE ________________

If a resolution satisfactory to the student does not result from this direct discussion, and if the student perceives that an unfair, unreasonable, or arbitrary action has occurred, a formal grievance may be initiated. Completion and submission of this document indicates the student wishes to begin the formal grievance policy. Once the process is started, the student has 48 hours to initiate a meeting within each step of the grievance policy.

Student Description of Issue

1. Student – Faculty Discussion
   Scheduled Meeting Date:
   Actual Meeting Date:
   Outcome:

   Signature____________________________  Signature____________________________
   Faculty                                           Student

2. Course Coordinator Meeting with Student and Faculty Member
   Scheduled Meeting Date:
   Actual Meeting Date:
   Outcome:

   Signature____________________________  Signature____________________________
   Course Coordinator                                           Student
3. MSN or EdD Program Director Meeting with Student and Faculty Member
   Scheduled Meeting Date:
   Actual Meeting Date:
   Outcome:

   Signature____________________________   Signature____________________________
   MSN or EdD Program Director               Student

4. Associate Dean, Tanner Health System School of Nursing Meeting with the Student
   Scheduled Meeting Date:
   Actual Meeting Date:
   Outcome:

   Signature____________________________   Signature____________________________
   Associate Dean, THS School of Nursing    Student

5. Dean, Tanner Health System School of Nursing Meeting with the Student
   Scheduled Meeting Date:
   Actual Meeting Date:
   Outcome:

   Signature____________________________   Signature____________________________
   Dean, Tanner Health System School of Nursing    Student