UNIVERSITY OF WEST GEORGIA
TANNER HEALTH SYSTEM
SCHOOL OF NURSING
BSN 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. BSN Program Director Meeting with Student and Faculty Member
   Scheduled Meeting Date: ____________________

AY 18-19
Actual Meeting Date: 
Outcome:  

Signature____________________________  Signature____________________________
BSN 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