

Grievance Form

Location: Tualatin Salem Springfield Redmond White City Eureka

Student Name:

Book #:

Email:

Phone:

Address:

1. What Is Your Grievance? *(use additional pages if needed)*

2. When and Where Did This Happen? *(include date and time if applicable)*

3. How Have You Attempted to Resolve Your Concern? *(attach relevant documents)*

4. What Outcome or Resolution Are You Seeking?

5. Do You Wish to be Contacted About This Complaint or Suggestion? YES NO

How do you prefer to be contacted? Email Phone Postal letter Other _____

6. Please print & submit this form to your Program Coordinator.

Plumbing: Justin May

HVAC/R: Justin Tiller

Steamfitter: Bob Degraw

Director of Training: Dave Sheridan

For Office Use:

Received by:

Date

Referred to:

Date

Response:

Date

Student Notified:

Date