



STUDENT GRIEVANCE FORM

4700 COCONUT CREEK PARKWAY • COCONUT CREEK, FL 33063 • TEL 754.321.5100 • WWW.ATLANTICTECHNICALCOLLEGE.EDU

INSTRUCTIONS: Before completing this form, please read and follow the grievance procedures provided in the Broward Technical College (BTC) Student Handbook. Submit the form at the Administration Office or email to felicia.starke@browardschools.com.

STUDENT INFORMATION

Last Name: _____ First Name: _____

Student ID#: _____ Program: _____

Phone #: (____) _____ - _____ Email: _____

INCIDENT DETAILS

WHO (Person(s) involved in incident)	WHEN (Date/Time)
WHERE (Location of incident)	WITNESSES (If applicable)
ACCOUNT OF INCIDENT	
<p>Students are encouraged to first attempt to resolve the issue with an informal meeting with the individual(s) involved in the incident. Has there been an informal meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No - Does this issue pertain to disability services Section 504/ADA? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the incident and/or policy you believe may have been violated in detail below. Use additional sheets if necessary.</p>	
PROPOSED SOLUTION/OUTCOME	
Describe any corrective action or outcome you hope to achieve as a result of filing this grievance? Use additional sheets if necessary.	

SIGNATURE

I understand by signing this form, I am giving Atlantic Technical College permission to contact school officials, other agencies and/or persons in efforts to conduct a thorough investigation. I hereby attest the information provided is true, correct, and complete to the best of my knowledge.

STUDENT SIGNATURE* _____ DATE: _____

*(Parent/Guardian signature required if student is under 18 or adjudicated incompetent)

OFFICE USE ONLY

_____ Date Received

_____ Administrator/Designee Signature

_____ Date

Grievance Resolved: Yes No

Grievance Resolution Notice Date: __/__/__



The School Board of Broward County, Florida, prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender identity, gender expression, genetic information, marital status, national origin, race, religion, sex or sexual orientation. The School Board also provides equal access to the Boy Scouts and other designated youth groups. Individuals who wish to file a discrimination and/or harassment complaint may call the Director, Equal Educational Opportunities/ADA Compliance Department & District's Equity Coordinator/Title IX Coordinator at 754-321-2150 or email eeo@browardschools.com. Individuals with disabilities requesting accommodations under the Americans with Disabilities Act Amendments Act of 2008, (ADAAA) may call Equal Educational Opportunities/ADA Compliance Department at 754-321-2150 or email eeo@browardschools.com. browardschools.com