



New England EMS Institute

Elliot Health Systems

GRIEVANCE FORM

- ✓ This form is to be completed by a student wishing to appeal the disciplinary or administrative action taken by a NEEMSI faculty member.
- ✓ A student wishing to appeal the decision of a NEEMSI faculty member will complete this form and return it within 30 days of the action taken to warrant arbitration.
- ✓ In the event that the Program Director is the deciding faculty member on the initial action, the form and relevant documentation will be forwarded to the Advisory Committee for consideration.

Student Name: _____ Date: _____

Program: _____ Program Start Date: _____

Best Contact Information (phone, email): _____

Statement of Grievance *(Please explain the nature of your grievance here or attach a statement if needed)*

Student Signature

List of documents *(Please list all documents which you have attached if necessary)*

Received

1.

2.

3.

Reviewed by: _____ Title: _____ Date: _____

Investigation Findings:

Final Resolution:

Faculty Signature