

NOTICE OF STUDENT GRIEVANCE

AMERICAN UNIVERSITY OF BEIRUT OFFICE OF THE PRESIDENT

(When completed and signed, the form should be submitted to the dean of the faculty in which the student is majoring)

This form guides the student in providing information that will be needed to resolve the grievance. Please provide all names, dates, and facts pertinent to the complaint and attach additional pages to the form as needed. Grievances must be filed within 30 calendar days from the date when the problem or dispute first arose. Please retain a copy of the form and supporting documentation as submitted. For more details please check AUB's [Grievance Policy and Procedures](#)

Contact Information

Grievant's name: _____

E-mail address: _____

Telephone number: _____

(Please provide your home or mobile number)

University status: () Undergraduate () Graduate () Other _____

Faculty and/or department: _____

Head of department's name: _____

1. Please describe, as fully as possible, what occurred, when it occurred, and the names of individuals present or involved when it occurred. If your grievance concerns something that did not occur, please describe the omission, the relevant time period, and the names of the individual(s) involved.

2. If you believe that your grievance involves discriminatory treatment, indicate the discriminatory characteristic that is involved.

3. Describe the informal means that you have tried to resolve the problem.

4. Describe the adverse effect on you as a result of the improper action, decision, or omission.

5. What remedial action are you requesting to resolve the problem?

6. Is there any additional information that you would like to provide in relation to your grievance?

Signature of student: _____

Date submitted: _____