



St. Louis Community College

Florissant Valley
Forest Park
Meramec
Wildwood

Grievance Number: _____

CONFIDENTIAL

Non-discrimination Grievance Form for Members of the Public* (Non-Students & Non-Employees)

Status: **Non-Student*/ Non-Employee** _____

All grievances made by a member of the public, including but not limited to campus visitors, program participants, and others who are neither employees nor students of the College, will follow the procedures listed in Administrative Procedure B15**. Additional information may be attached to this form. This form must be filed with the applicable Non-discrimination/ ADA/Section 504 Campus/CC Compliance Officer within thirty (30) calendar days of the date the alleged grievance occurred.

Location: FP FV M CC HNEC SCEC WW

Name: _____

Address: _____

Telephone Number: _____ E-mail address: _____

Step 1: Write the Nature of Grievance or Description of Grievance (include names, dates, and details; how was equal access denied?):

Date Alleged Grievance Occurred: _____

Remedy Sought (How will remedy provide equal access?): _____

Signature of Grievant

Date

Grievance Received by Non-discrimination/ADA/Section 504 Campus/CC Compliance Officer (Date & Sign): _____

A decision by the Non-discrimination/ ADA/Section 504 Campus/CC Compliance Officer shall be rendered within fifteen (15) working days after the filing of the grievance.

Decision: _____

Signature of Non-discrimination/ADA/Section 504 Campus/CC Compliance Officer

Date

Grievant to initial on appropriate line to acknowledge notification of decision and

(Grievant initials) _____ Agrees OR _____ Disagrees

Signature of Grievant

Date

(It is the responsibility of the grievant to notify the Non-discrimination/ADA/Section 504 College Coordinator if he/she wishes to appeal the aforementioned decision within ten (10) working days of the decision of the Campus/CC Compliance Officer.)

I wish to appeal the decision of my grievance.

Signature of Grievant

Date

**Part II
St. Louis Community College
Grievance Form for
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Step 2: If the grievant is not satisfied with the decision at Step 1, the grievant may appeal the decision to the Non-discrimination/ADA/Section 504 College Coordinator within ten (10) working days of the decision. Said Coordinator shall review the complaint file and consider any additional information submitted by the complainant or the College at his/her discretion. The College Coordinator shall render a decision within fifteen (15) working days after receipt of the appeal and that decision shall be final.

Grievance Received by Non-discrimination/ADA/Section 504 College Coordinator (Date & Sign): _____

Decision: _____

Signature of Non-discrimination/ADA/Section 504 College Coordinator Date

* This grievance form is to be used by **members of the public, including campus visitors, program participants, and others who are neither employees nor students of the College.** A student is defined as an individual who has been accepted to the College and is either enrolled in classes or taking appropriate action to enroll in classes. Students of the College have access to and should utilize the applicable student grievance and/or appeal procedures for complaints as set forth in the current *Factfinder Student Handbook*.

“Working days” will mean calendar days but will not include Saturday, Sunday, college-designated holidays or semester breaks.

**A complete copy of this grievance procedure is available at <http://www.stlcc.edu/pol/slccprocedures.pdf>, Administrative Procedure B.15.

If you need accommodations to complete the form, or an alternate format, please contact the Services for Students with Disabilities Office/Access Office, disAbility Support Services or designated staff at the College Center.

Distribution: Grievant – Campus President/Vice Chancellor – Campus/College Center Compliance Officer – Non-discrimination/ ADA/Section 504 College Coordinator