Grievance/Incident Statement

Campus Recreation, a department of the Division of Student Affairs at the University of Texas at Arlington is committed to the highest quality of service. We welcome all comments and suggestions for improvement.

All non-academic complaints will be handled in a professional and timely manner to insure the best course of action for all parties involved.

In attempting to resolve any grievance/complaint, it is the obligation of the individual first to make a serious effort to resolve the matter with the individual with whom the complaint/grievance originated. If the situation cannot be resolved, the following steps are used to insure efficiency in this process.

1. The individual has five (5) working days in which to complete the attached form detailing the complaint/issue.

2. After review of the written statement, the Assistant Vice President for Student Affairs will determine the best course of action for a resolution.

3. The Assistant Vice President will make a decision within 10 working days of receiving the written statement. The individual will be contacted by email or phone either to set up a meeting or to inform them of any action/follow-up that will be taken.

4. If the individual is not satisfied with the resolution, an appeal may be made in writing to the Vice President for Student Affairs.

5. Any further action to this complaint/grievance will be determined by the Vice President for Student Affairs Office.

Please call 817-272-0471, if you have questions or need further assistance in the process.
# Non-Academic Grievance Form

## Inquiry Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Today’s Date:</td>
<td></td>
</tr>
<tr>
<td>Date of Incident:</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Student ID:</td>
<td></td>
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<tr>
<td>Home Phone:</td>
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<tr>
<td>Classification:</td>
<td></td>
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<tr>
<td>Mobile Phone:</td>
<td></td>
</tr>
<tr>
<td>E-Mail Address:</td>
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</tbody>
</table>

## Inquiry Details

This form must be completed within 5 working days of the incident. Please return form to: Box 19268, Arlington, TX 76019. Please be accurate in completing all parts of this form. This information is necessary in order to initiate the processes and to insure quality customer service.

Give a brief statement on the issues or incident in the space provided below. Please include all necessary details as well as names of individuals if applicable.

## Note

Attach all supporting documentation.

## Signature: Date:

FOR OFFICE USE ONLY

Date Received:  
Administrative Signature:

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UTA correct this information according to procedures set forth in UT System BPM #32. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

For more information on this form, please call the VPSA Office at 350 Davis Hall, 817-272-6080, fax 817-272-6084.

Revision on 11/2/2011