Grievance/Incident Statement

The Office of the Vice President for 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 Vice President for Student Affairs will determine the best course of action for a resolution.

3. The 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 Provost and Vice President for Academic Affairs.

5. Any further action as to this complaint/grievance will be determined by the Office of the Provost and Vice President for Academic Affairs

Please call 817-272-6080, if you have questions or need further assistance in the process.
The Office of the Vice President for Student Affairs

NON-ACADEMIC GRIEVANCE FORM

INQUIRY INFORMATION

Today’s Date: _________________________ Date of Incident: _________________________
Name: ___________________________________________ Student ID: _________________________
Home Phone: ______________________________ Classification: ____________________________
Mobile Phone: ___________________________ E-Mail Address: ____________________________

INQUIRY DETAILS

This form must be completed within 5 working days of the incident. Please return form to: Box 19115, 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: ____________________________