



**NON-GRADE COMPLAINT OR GRIEVANCE
DEPARTMENT FORM
Attachment A**

Must be filed within ten (10) working days from the date of the last meeting with the appropriate faculty, staff, or fellow student.

Student Name: _____ Graduation Year _____

Local Home Contact Information:

Street Address: _____

City/State/Zip: _____

Telephones: Home: _____ Work: _____ Cell: _____

E-mail Address: _____

Permanent Home Contact Information:

Street Address: _____

City/State/Zip: _____

Telephones: Home: _____ Work: _____ Cell: _____

E-mail Address: _____

NOTICE: Information on filing complaints is provided in the Texas Tech University Health Sciences Center School of Nursing Student Handbook.

In the space below, please state in detail your complaint. Also include what resolution or relief you are seeking. You may use additional pages if necessary.

Student Signature

Date

Assistant Academic Dean Signature

Date Received