Meta Polytechnic Vocational Nursing Program Grievance Form

Instructions: Please complete this form and submit it to the office of the Director of Nursing within five (5) business days of the violation. Ensure that all sections are filled out to facilitate an effective investigation.

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1. Student Information

- **Name: _____**
- **Student ID: _____**
- **Contact Number: _____**
- **Email Address: _____**

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2. Grievance Details

- **Date of Incident: _____**
- **Location of Incident: _____**

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3. Exact Nature of Grievance
(Please describe the grievance in detail.)

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4. Supporting Information
(Please provide any evidence or information that supports your grievance.)

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5. Suggested Remediation or Resolution
(What would you like to see as a resolution to this issue?)

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6. Additional Comments
(Any other relevant information or comments.)

Signature of Student: _____
Date: _____

For Office Use Only

- **Received By: _____**
- **Date Received: _____**
- **Action Taken: _____**
- **Follow-Up Date: _____**