

STATE OF OHIO
 BOARD OF CAREER COLLEGES AND SCHOOLS
 30 EAST BROAD STREET, SUITE 2481
 COLUMBUS, OHIO 43215-31414
 (614) 466-2752 Fax (614) 466-2219
 Toll Free (877) 275-4219
 E-mail: bpsr@scr.state.oh.us Website: http://scr.ohio.gov/

GRIEVANCE FORM

NAME OF STUDENT	DATE
ADDRESS (Number, Street, City, State, Zip)	PHONE # E-MAIL ADDRESS:
NAME OF SCHOOL ATTENDED	
ADDRESS OF SCHOOL (Number, Street, City, State)	
DATES OF ATTENDANCE	
PROGRAM OF STUDY	
GRADUATION DATE (or anticipated graduation date)	
NATURE OF GRIEVANCE (Please use back of this form or additional sheet of paper to specifically describe your grievance).	
PERSON(S) AT SCHOOL YOU HAVE CONTACTED REGARDING THE ABOVE GRIEVANCE	
DATE OF CONTACT:	
OUTCOME OF CONTACT	
YOUR SOLUTION/EXPECTATION REGARDING GRIEVANCE	
PLEASE ATTACH COPIES OF ANY DOCUMENTATION(S) YOU FEEL ARE PERTINENT TO YOUR GRIEVANCE.	