

**LSSU School of Nursing  
 Grievance Process Record of Action**

**Student Name:** \_\_\_\_\_

**Course:** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_

<b>Date of concerns informed to first person of interest</b>	<b>Date:</b>  <input type="checkbox"/> Attach written student's concern	
<b>Date of concerns informed to Academic Advisor</b>	<b>Date:</b>  Date of response: <input type="checkbox"/> Attach written student's concern <input type="checkbox"/> Copy of written student's concern and Academic Advisor plan of action	
<b>Date of written <u>Grievance Petition Form</u> submitted to the Dean of College Health and Behavior</b>	<b>Date:</b>  Date of request: <input type="checkbox"/> Attach copy of written student's concern and Academic Advisor plan of action <input type="checkbox"/> Attach Grievance Petition Form	<b>Student</b> Sign for receipt:  Date of receipt:
<b>Date of meeting with Dean</b>	<b>Dean Sign:</b>  Date of response: <input type="checkbox"/> Attach copy of written student's concern and Academic Advisor plan of action <input type="checkbox"/> Attach Grievance Petition Form	<b>Student and Dean</b> Sign for receipt:  Date of receipt:
<b>Date of Statement of Complaint</b> - must occur within 7 business days of occurrence to the dean	<b>Student Sign:</b>  Date of submission: <input type="checkbox"/> Statement of Complaint to the Dean	<b>Student and Dean</b> Sign for receipt:  Date of receipt:
<b>Dean's Written Response</b> – must occur within 7 business request	<b>Dean Response Sign:</b>  Date of response:  <input type="checkbox"/> Attach copy of written student's concern and Academic Advisor plan of action <input type="checkbox"/> Attach Grievance Petition Form and Statement of Complaint <input type="checkbox"/> Attach Dean response, return to student <input type="checkbox"/> Attach copies of Dean response to Academic Advisor, Course Instructor and the Dean	<b>Student</b> Sign for receipt:  Date of receipt:

