

**Rice University
Glasscock School of Continuing Studies
Education Department Grievance and
Complaint Form**

Complainant Contact Information		
Name:	Phone:	Email:
Mailing Address:		Additional contact information:
Complainant's Role:		Today's Date:
Date that the complainant was notified of decision or action:		
Description of decision or action taken that is in dispute with the complainant and significant dates related to the disputed decision or action:		
Describe any documents that support the described facts. Please attach any relevant documentation.		
Signature of Complainant:		Date:
For program use:		
Received by program's representative (name):		Date received:
Conference with program director and appropriate dean:		Date of conference:
Outcome of conference:		
Complainant notified via: <input type="checkbox"/> digital communication <input type="checkbox"/> Certified US mail		Date:
Complainant's receipt of notification received.		Date:

Submit the completed form by e-mail to Dr. Judy Radigan, jradigan@rice.edu.