



Brevard College on-Campus Course Education Grievance Form

Date: _____ Student: _____

Brevard College ID Number: _____

Students Brevard College Email: _____

Course Number: _____ Instructor: _____

Please provide the specific details of your complaint, including dates and people. You may attach an additional sheet or sheets if additional space is needed.

What steps have you taken so far to resolve the complaint? Please attach any previous correspondence with your instructor or other Brevard College faculty or staff about the issue.

Explain what you consider to be a satisfactory or acceptable resolution to your complaint.

Submit form to: Registrar Office Beam Administration – email registrar@brevard.edu

FAX 828.641.0390