



Student Complaint and Grievance Form

Student Information

Student Name:	Student ID Number:
Program of Study:	Telephone Number:
Email Address:	Date Complaint Filed:
Address:	City/State/Zip:

Complaint Information

Type of Complaint (check one):

- ☐ Academic Matter ☐ Grade Appeal ☐ Student Services ☐ Financial/Billing
☐ Admissions ☐ Discrimination/Harassment ☐ Disability Accommodation
☐ Conduct/Disciplinary Matter ☐ Other: _____

Date of Incident: ____/____/____

Individuals Involved

Name(s) and Title(s) of person(s) involved:

Description Of Complaint

Describe the complaint in detail. Include dates, locations, actions, and relevant facts.

Informal Resolution Attempt

Have you attempted to resolve this matter informally? ☐ Yes ☐ No

If yes, explain whom you contacted and the outcome.



Supporting documentation

Attached Documentation:

☐ Emails ☐ Letters ☐ Screenshots ☐ Academic Records ☐ Financial Records

☐ Other: _____

Requested Resolution

Describe the corrective action or remedy requested.

Student Certification

I certify that the information provided in this complaint is true and accurate to the best of my knowledge.

Student Signature: _____ Date: ____/____/____

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= For University Use Only

Complaint Number	
Date Received	/ /
Received By	
Acknowledgment Sent	
Investigator Assigned	
Decision Issued	

Outcome Summary:

Notice Regarding External Complaints

Students must exhaust Belcroft University's internal grievance procedures before filing a complaint with the Florida Commission for Independent Education (CIE).

Florida Commission for Independent Education

325 West Gaines Street, Suite 1414

Tallahassee, Florida 32399-0400

Phone: (850) 245-3200

The Commission reviews complaints relating to institutional compliance with Chapter 1005, Florida Statutes, and Rule Chapter 6E, Florida Administrative Code.