Mitchell Technical Institute recognizes that there may be conditions that are in need of improvement and that students should have some means by which their concerns may be effectively expressed, considered, and dealt with fairly. Such means, if well conceived and understood in advance, can do much to maintain harmonious relationships between the Institute and the students and community.

The Institute desires student complaints and appeals, including appeals of disciplinary consequences, to be resolved through orderly processes and at the lowest possible level, but that channels be provided for eventual hearing by the President in instances when this becomes necessary. Therefore:

1. Any student, or his/her parent or guardian if the student is of minority age, will be provided the opportunity to discuss with the instructor a decision or situation which he/she considers unjust or unfair.

2. If the incident remains unresolved, the student, or his/her parent or guardian if the student is of minority age, or the instructor may bring the matter to the attention of the Vice-President for Academic Affairs for his/her consideration and action.

3. If the matter is still unresolved after the procedure outlined above, it may be brought to the President for his/her consideration and action.

The President’s decision will be final.
APPEAL FILING FORM

Date ___________________

Your name __________________________________________________________________

Indicate status as student or parent: _____________________________________________

Place where you may be reached:

Address: ______________________________________________________________

Phone:  _______________________________________________________________

THE FACTS:  (Please describe what happened in factual detail.  Please identify witnesses or others who were present.  Describe the impact this had on you.  Please identify any person(s) you may believe may be responsible. Use additional paper if needed.)

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

If others are affected by the possible violation, please give their names:

___________________________________________________________________________________

PAST HISTORY:  (Please describe any past incidents that you believe are related to the grievance.)

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

SUGGESTED REMEDY:  (Please describe any corrective action ["remedy"] you wish to see taken with regard to the possible violation.  You may also provide other information relevant to this grievance.)

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________
Signature of Appellant                     Date

_________________________________________
Signature of Person Receiving Appeal             Date