

# MOHAWK VALLEY COMMUNITY COLLEGE

Utica and Rome, New York

## STUDENT ACADEMIC COMPLAINT FORM

### Instructions:

- **Print or type form**
- **To be completed by the student with assistance from the Assistant Vice President of Academic Affairs**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Local Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

1. I hereby attest to the fact, in an attempt to resolve this matter, that:

a. On \_\_\_\_\_ I met with \_\_\_\_\_ and  
Date Faculty Member

b. On \_\_\_\_\_ I met with \_\_\_\_\_  
Date Dean

I feel that the matter has not been resolved to my satisfaction therefore I am initiating a formal academic complaint involving:

\_\_\_\_\_  
Faculty Member

I have read the Academic Complaint Policy Statement and have had an opportunity to consult with a Dean. I understand the policy, my procedural rights, and responsibility, and will be a responsible participant in my efforts to support and resolve my complaint.

\_\_\_\_\_  
Initial

2. Pursuant to the College's policy statement, my complaint is that my rights and freedoms in the classroom, as described in the Student's Bill of Rights, have been violated.

### **NOTE TO STUDENT:**

Below, check the specific section(s) in the Student Bill of Academic Rights, upon which your complaint is based. On Page 2 of this Academic Complaint Form, cite the date(s) on which the complaint is alleged to have occurred, and provide a brief, but carefully detailed explanation of your complaint.

Protection of Freedom of Expression

Protection against Improper Academic Evaluation

Protection against Improper Disclosure

3. Please attach a carefully detailed, typewritten explanation of the complaint. You must include what you believe to be a fair and equitable resolution to this complaint. \*\*Please include course number, name, section, dates, and other information relevant to this complaint.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I have assisted in the completion of this form and verified student contact information in Banner to be correct including mailing address, email and telephone number:

\_\_\_\_\_  
Assistant Vice President of Academic Affairs

\_\_\_\_\_  
Date

\*\*The written Complaint is submitted to the Assistant Vice President of Academic Affairs for review. The Assistant Vice President of Academic Affairs reviews the complaint and makes a determination as to the validity of the complaint as it pertains to the stated policies.

**This complaint meets criteria determined by academic complaint policies.**

**This complaint does not meet criteria determined by academic complaint policies.**

**Comments:**

\_\_\_\_\_  
**Assistant Vice President of Academic Affairs**

\_\_\_\_\_  
**Date**

**Distribution: Dean Review Committee, Dean of the Academic Department named in complaint.**

**Decision of the Dean review Committee:**

I have reviewed all submitted documentation regarding this academic complaint and based on that evidence I have determined that:

- This complaint has merit and the student resolution shall be adopted.**
  
- This complaint does not have merit.**
  
- This complaint has merit and the following resolution shall be adopted.**

**Comments:**

\_\_\_\_\_  
Signature of Dean Review Team Chair                      Date                      \_\_\_\_\_

**\*\*The student has the right to appeal the decision of the Dean within 5 working days by written request to the Vice President for Learning and Academic Affairs (for the following reasons only)**

- A) A procedural error that unfairly and materially affected the outcome of the complaint hearing.**
- B) Clear abuse of discretion on the part of the Dean.**