



SCHOOL OF
**ARCHITECTURE
+ ENGINEERING
TECHNOLOGY**

FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

NON-ACADEMIC COMPLAINT APPEAL FORM

Advisor: _____

Student name: _____ FAMU student ID: _____

Mailing Address: _____ Student Phone: _____

_____ Email: _____

A. Incident. Please provide a brief description of your complaint (you may attach additional sheets if needed):

SAET Faculty/Staff: _____ Term of Complaint: _____

B. Attempt to Resolve

1. Did you attempt to resolve the issue informally as enumerated in Section B of General FAMU Regulation 4.100 Non-Academic Complaint Procedures with the SAET faculty or staff prior to completing this form?

Please check (✓) in blank, provide specifics, and supporting documentation of the following meetings.

a. ___ Informed advisor, date: _____ Method: _____

b. ___ Informed disputed faculty/staff, date: _____ Method: _____

c. ___ Resolution? ___ Yes (*no further action needed*), ___ No (*grievance and review necessary; complete below*)

Grievant Specific Complaints

1. _____

2. _____

3. _____

Faculty/Staff Response

1. _____

2. _____

3. _____

STUDENT COMPLETING THIS FORM

Under penalties of perjury (Fla. Stat. § 92.525), I declare that I have read the foregoing and that the facts stated in it are true.

Printed Name, Date

Signature, Date

