

Grievance Form

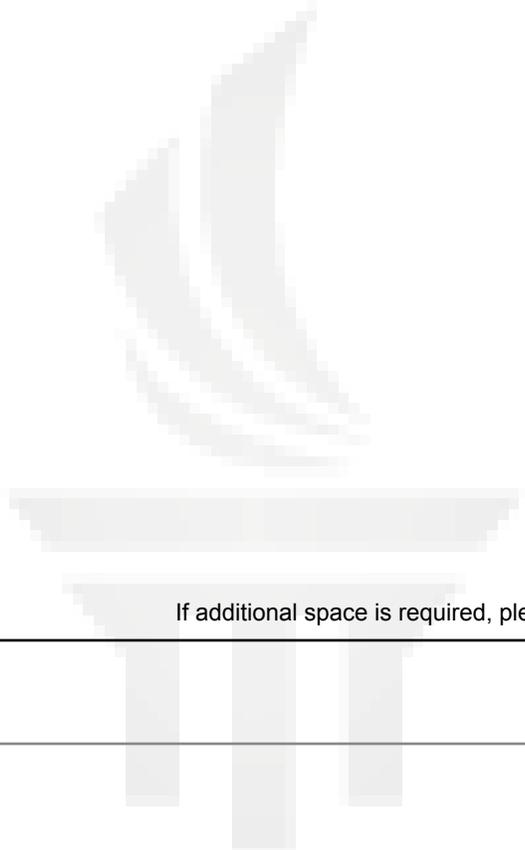
Please print clearly

Date Submitted	Date of Occurrence
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Student Name

Class	Faculty/Staff
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Complete details of grievance, including references to Richard Medical Academy:



If additional space is required, please attach using extra sheets.

Student Signature

Date

Disposition - Step 1	Date Received
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Disposition

Accepted	Appealed
Instructor/Faculty	Date Communicated

Disposition - Step 2	Date
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Disposition

Accepted	Appealed
Program Director	Date Communicated

Disposition - Step 3	Date Received
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Disposition

Accepted	Appealed
Campus Director	Date Communicated