

Grievance Form

Please print clearly Date Submitted Date of Occurrence Student Name Faculty/Staff Class Complete details of grievance, including references to Richard Medical Academy: If additional space is required, please attach using extra sheets.

Student Signature		Date
Richard Medical Academy 5210 Renwyck Drive Toledo, OH 43615	Revised November 4, 2022	Phone: 419-776-1055 richardmedicalacademy.com Registration #13-01-2005T



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Disposition - Step 1	Date Received

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

Disposition	

Accepted	Appealed
Campus Director	Date Communicated