General Grievance Process for Students

Introduction
The purpose of the General Grievance Process for Students is to provide a clearly stated, timely, and accessible method of recourse to students who feel that a particular action or series of actions on the part of a Harford Community College employee has violated accepted or stated institutional practices and standards. Student grievances appropriate to this policy include, but are not necessarily limited to:

- concerns regarding ethical and professional behavior of employees;
- arbitrary application of current College policies by employees; and
- perceived violations by College employees of accepted rights of students in institutions of higher learning such as the right to free expression and the right to assemble.

This process is intended to be investigative rather than adversarial and is not to be used when the grievance involves an alleged violation of the Student Code of Conduct, Sexual Harassment policy, Nondiscrimination policy, or to appeal other institutional actions/policies which possess their own appeal process. Refer to the HCC College Catalog for these procedures.

Procedures

Preceding Step 1, a student may consult with one of the Associate Vice Presidents for Student Development or an Academic Dean to clarify the issues involved and identify the appropriate system for redress of the grievance. If the student decides to proceed with the grievance process, he/she must adhere to the following procedures as outlined below. Time limits may be extended by the supervisor with the jurisdiction over the grievance.

Step 1: Within ten (10) work days* of the occurrence of the issue/incident, the student must discuss the issue/incident being grieved with the employee involved to seek resolution.

Step 2: If the student is not satisfied with the outcome of Step 1, the student may proceed with the grievance by completing the “Student General Grievance Form” and submitting it to the employee’s immediate supervisor within five (5) work days of completing Step 1.

Step 3: Within seven (7) work days of receipt of the form, and to ensure a full understanding of all perspectives, the supervisor or designee will: (1) discuss the issue with the involved employee and request a written account of the incident; and (2), meet with and discuss the grievance with the student. The supervisor or designee may also call a meeting with other parties to assist in resolution.

Within seven (7) work days of the meeting with the student, the supervisor or designee will inform the student and the employee in writing of the decision.

Step 4: The student may appeal the decision in writing to the immediate supervisor’s supervisor within five (5) work days of the immediate supervisor’s decision by sending a copy of the completed “Student General Grievance Form” to the immediate supervisor’s supervisor.

Step 5: Upon receipt of the written appeal, the supervisor’s supervisor will review the matter and make a final decision regarding the grievance, which will be communicated in writing to the student, involved employees, and immediate supervisor within ten (10) work days of receipt of the written appeal. This decision is final and ends the appeal/grievance process for the student.

*A work day is defined as a day when the College is open and does not include weekends or holidays when the College is closed.
Student General Grievance Form

The following form is to be used in the General Grievance Process for Students as noted in the College Catalog and OwlNet. Within ten (10) work days of the occurrence of the issue/incident, the student must discuss the issue/incident being grieved with the employee involved to seek resolution. If resolution is not reached at this level, the student must complete this Grievance Form and submit it to the employee’s immediate supervisor within five (5) weekdays. This written documentation allows for clarity and consistency in reviewing each particular situation.

Student Name: _____________________________________________________________
Student H ID#: _____________________________________________________________
Phone Number: _____________________________________________________________
Harford Email Address: ______________________________________________________

Name of Employee against whom I am filing this grievance: _____________________________
Date of meeting with employee involved in grievance: ________________________________

Please describe your grievance including details about what happened and when; use additional paper if necessary.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Specific results you would like to see achieved through this process:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Student Signature: __________________________ Date: __________________________

PLEASE NOTE: This process is not to be used when the grievance involves an alleged violation of the Student Code of Conduct, Sexual Harassment policy, Nondiscrimination policy, or to appeal other institutional actions/policies which possess their own appeal process. If it is determined that the grievance is covered by its own appeal process, a copy of the grievance will be forwarded to the appropriate representative within seven (7) weekdays.

Complete and return this form to, and schedule a meeting with, the immediate supervisor of the employee with whom you have the issue.

Note: a supervisor may be a manager, coordinator, director, dean, assistant/associate vice president, or vice president

Harford Community College, VP SDIE Office, Revision Effective September 1, 2012
Please forward completed form with copies of any written communication between student and employee(s) to Associate VP for Student Development, Dr. Diane Resides, Student Center, Rm. 254.

Your name (Immediate supervisor of employee): ______________________________________________________

Date(s) of meeting(s) with student, employee, and/or others involved: ___________________________________________________

Notes (use additional paper if necessary and attach all applicable materials):

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

_____________________________ ______________________________

Your signature (Immediate supervisor): ______________________________________________________  Date: ____________________

Date: _________________

Date file forwarded to Supervisor’s supervisor or AVP for Student Development: ______________________

Your name (Supervisor’s supervisor): _______________________________________________________________

Date(s) of meeting(s) with student, employees, or others involved: _______________________ 

Notes: (use additional paper if necessary and attach all applicable materials): ________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

_____________________________ ______________________________

Your signature (Supervisor’s supervisor): ______________________________________________________  Date: ____________________

_____________________________________

____ Grievance supported/resolved (file all documents with AVP for Student Development)

____ Grievance not supported/not resolved (file all documents with AVP for Student Development)