

Legislation Title: MASC Grievance Form

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Whereas to have all grievances heard thoroughly. We have resolved that the executive board of the Maryland Associations of Student Councils will review and edit the grievance form to better serve Maryland students. To make this form available on all platforms including the MASC website.

Edit suggestions - (did Noreen look at what you had?)

Whereas: It is important that all students and advisors have the opportunity to have their concerns, suggestions, and grievances heard, and

Whereas: A formal form to file a grievance is necessary to ensure that grievances are heard,, and

Whereas: MASC has developed a form to make available to all, be it hereby

Resolved: That MASC executive board review and approve the proposed grievance form

**MARYLAND ASSOCIATION OF STUDENT COUNCILS
GRIEVANCE COMMITTEE**

GRIEVANCE SUBMISSION FORM

Please legibly print all information in type or ink. Fields with an asterisk (*) are optional.

****Grievances concerning harassment or discrimination should be reported in writing directly to an executive director. Issues concerning harassment or discrimination are legal matters and they need to be handled by an executive director (adult) in collaboration with the Maryland State Department of Education*

Date of Grievance Submission: _____

Part I. Grievant Information (You)

Name: _____ Telephone: _____

Email: _____

Student | Region/School: _____ Grade: ____

Advisor |Region/School: _____

Other: _____

Address:* _____ City/State:* _____ ZIP:* _____

Part II. Subject of Grievance (Who the grievance is against)

Please fill out as much information as known.

Student

Name: _____ Region/School: _____

Position (if applicable): _____

Advisor

Name: _____ Region/School: _____

Other

Name: _____ Region/School: _____

Position (if applicable): _____

Email:* _____ Telephone:* _____

Address:* _____ City/State:* _____ ZIP:* _____

Part III. Infraction Information

Date of Infraction (a specific date, or a time period): _____

Describe the grievance with as many details as possible (additional pages may be attached):

Scan and send this form by email or hand delivery to an Executive director. (Karen.Crawford@mdstudentcouncils.org)

DO NOT WRITE IN THIS BOX

Date Received: _____

Date Addressed: _____

Result:

Chairperson's Initials: _____