

3111 Hamburg Pike Jeffersonville, Indiana 47130 812.288.8878 info@mid-america.edu

STUDENT GRIEVANCE FORM

Date	Date of Incident	
Mid-America College of Funeral Service encourages you to make a she has a grievance to resolve the matter informally; however, if you of this form to start the grievance process. To submit, please complete to (preferred method) or complete and physically submit to the Presiden	good faith effort to confer wannot or have already tried his form and e-mail it to: L	d unsuccessfully, please submit
Student Name	Student ID	
Address		
City	State	Zip Code
Home Phone # Cell Phone #	W	ork Phone #
College E-Mail Address	Personal E-Mail Address	
If your grievance is regarding a class, please provide the fo	ollowing:	
Class Title	Instructor Name	
Are you currently enrolled in the course? Y	N	
If no, when did you take it? (i.e., Spring 2022)		
If your grievance is regarding something other than a clas	s, please provide:	
Department	Staff Member Name(s)	
Are you willing to resolve this issue through mediation?	Y N	
OR I would like more information about mediation	Y	



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Select the item that best describes the issue.

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Customer Service (phones, service, other)	Discrimination/Sexual Harassment
Employee-student communication	Student to Student Harassment/Sexual Violence
Grading (late/not returned)/Honesty	Equipment (computers, etc.) or Facilities (building, etc.)
Instructor and/or Quality of instruction	Student Conduct
Accommodations	Other (specify)
Issue	
Please describe the issue in more detail: (incl necessary.	ude any supporting document. Attach additional pages if
Action taken so far to resolve the complaint,	/issue:
What would you like to see because of this p	rocess?

Pierce Mortuary Colleges 2913 Gardner Road Broadview, Illinois 60155 888.547.9600 Pierce.edu



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List any witnesses with contact information if possible:

Communication Notice: Information about your complain	nt and the process will be communicated via e-
mail only. This information will be communicated using the	e-mail address provided by student. By
initialing here, you indicate that you understand this commu	nication notice and will not hold the Pierce
Colleges, Mid-America College of Funeral Service, its President	ent, staff, faculty, or anyone affiliated with the
school liable should you fail to follow through with addition:	al requests because you do not check your e-
mail. You also acknowledge that you do not hold the referen	iced parties responsible for communicating with
you in any other way during this process. (Initial Here)	,
Student Signature	Date

PLEASE NOTE: It is violation of college policy to retaliate against a student for filing a grievance.

Mid-America College of Funeral Service will not discriminate against any person because of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation, or status regarding public assistance or membership in a local commission. Mid-America College of Funeral Service prohibits sexual harassment and sexual violence.

TO BE COMPLETED BY A COLLEGE ADMINSTRATOR

Date of initial investigation/informal meeting

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Findings:	
Resolution/Comments:	
President Signature	Date