

كلية طب الأسنان وكالة الشؤون العلاجية



Student Grievance Form

Instructions

This form is to be used to submit a grievance student have against the faculty, staff, students, or others involved. Pleasecomplete all the fields so that your grievance can be reviewed.

Grievances may be submitted anonymously; however, unless you include your contact information, the grievance cell will not be able to investigate your grievance or respondback to you. Form should be submitted to Dr. Yaser Althobaiti (Vice Dean)/ Dr. Mohammed Shakeel.

| Date: | Year of Study: |
|--|----------------|
| Name: | Id |
| Email: | Contact Number |
| Date of incident or situation: | |
| If this is a grievance against a specific person(s), please list their names | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| Is there any person who you do not want to be told of your grievance? (Keen in | |

Is there any person who you do not want to be told of your grievance? (Keep in mind that it may be difficult to resolve if those involved cannot be asked to explain or respond



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Please explain your grievance (Provide complete details and dates; present facts etc.)

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I grant permission for this complaint to be investigated

Signature Date

Note:

- Retaliation against a student for making a grievance is absolutely prohibited
- All information provided on this form are confidential until disclosures becomes necessary to proceed with resolution of the grievance