



Los Angeles Main Campus
 505 Shatto Place, Suite 300
 Los Angeles, CA 90020
 Tel: 213.382.1136
 Email: info@nobeluniversity.edu

Buena Park Branch Campus
 6131 Orangethorpe Avenue, Suite 116
 Buena Park, CA 90620
 Tel: 714.228.0307
 Email: infobp@nobeluniversity.edu

STUDENT COMPLAINT / GRIEVANCE FORM (AD120)

A grievance is an educational or personal issue or condition that a student believes to be unfair, inequitable, discriminatory, or a hindrance to his/her education. Submit this form to the campus department where the complaint originated. Students should allow 10 business days to receive a written response.

Anti-Retaliation Notice

* = required field

Campus: * Los Angeles Main Campus Buena Park Branch Campus

Section 1 - Student Information

Student ID # *	Last Name *	First Name *
Email Address *	Phone Number *	

Section 2 - Complaint / Grievance Details

Date of Incident (mm/dd/yyyy) * *	Department where complaint originated
Name of individual and/or department against whom the complaint is filed * *	

Category of Complaint (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Academic / Course-Related | <input type="checkbox"/> Faculty / Instructor |
| <input type="checkbox"/> Administrative / Staff | <input type="checkbox"/> Discrimination / Harassment |
| <input type="checkbox"/> Financial / Billing | <input type="checkbox"/> Facilities / Safety |
| <input type="checkbox"/> Other (specify in description) | |

Section 3 - Description of Complaint

Describe the complaint in detail - include who, what, when, where, and how. Attach additional sheets if needed. * *

Section 4 - Prior Resolution Attempt

Have you attempted to resolve this informally with the individual/department? Yes No

If yes, describe the outcome:

Student Signature

Student Signature * *	Date * *
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Submit this form to the Chief Executive Officer's office (or campus head).

For Office Use Only

Reviewed By	Date Reviewed
Action Taken / Resolution	

Resolved: Yes No

Administrator Signature