



STUDENT GRIEVANCE FORM

Cultural Center for Language Studies

Please type or print clearly. Name employee involved when applicable.

Name of student: _____
Name of employee (if applicable): _____
Date of filing: _____

STATEMENT

Concise statement of the nature of grievance:

Stated rule, policy, procedure, or regulation which CCLS has allegedly misapplied or misinterpreted:

How it was misapplied or misinterpreted:

REDRESS SOUGHT

The specific redress sought by the student:

INSTRUCTIONS AND POLICY

Once you have completed the Student Grievance Form, submit the written grievance to the school Director. The school Director shall review and investigate the grievance using her discretion to interview any sources as needed. The Director will notify the student as to the outcome within (7) seven business days of the receipt of the grievance. If the student is not satisfied, the student can request an interview with the President, school Director, and the faculty/staff member who is the object of the grievance within ten (10) days. Any decision resulting from this interview is final as far as the school's internal grievance procedure is concerned.

CCLS – Cultural Center for Language Studies
3191 Coral Way, Suite 114, Miami, FL 33145
Tel: 305 529-CCLS (2257) Fax: 305 443-8538
Website: www.cclscorp.com
Email: info@cclscorp.com