



STANTON UNIVERSITY

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Grievance Form

Instructions: Please complete this form and send it to the Department of Student Affairs. This needs to be submitted no more than 60 days after the event occurred.

1. Personal Information

Name: _____ Student ID: _____

Phone: _____ E-mail: _____

Your Status: Student Faculty Staff Other: _____

Date of the Event: _____

Please Describe the Event:

Location(s): Garden Grove Campus LA Campus Off-Campus Online

Full Name of the Individual: _____

Individual's Status: Student Faculty Staff Other: _____

Any additional details or comments:

Signature _____ Date: _____

Office Use Only		
Date Processed:	Processed by:	Notes: