

## ACADEMIC GRIEVANCE AND GRADE APPEAL COMPLAINT

### FACULTY RESPONSE TO STUDENT COMPLAINT FORM

Enclosed is a complaint form filed by a student in accordance with the procedures of the Academic Grievance & Grade Appeals Board. You are requested to respond to the complaint within 10 academic days. You may write on this form or attach a statement that responds to each question. You may also prepare your response on line at [http://www.csun.edu/studentaffairs/studentconduct/faculty\\_reply\\_form.pdf](http://www.csun.edu/studentaffairs/studentconduct/faculty_reply_form.pdf), then print, sign, and submit to the Office of the Vice President for Student Affairs, University Hall, Suite 310 (MC 8239). Your response will be shared with the student, and may be shared with your department chair, college dean/designee, and members of the Academic Grievance and Grade Appeals Board. Questions concerning this complaint or the Academic Grievance and Grade Appeals procedures should be directed to the Office of the Vice President for Student Affairs at (818) 677-2391.

Student Name: \_\_\_\_\_ CSUN ID # \_\_\_\_\_

Your Name: \_\_\_\_\_ Department: \_\_\_\_\_

Course #: \_\_\_\_\_ Class #: \_\_\_\_\_ Semester Taken: \_\_\_\_\_

Please give a brief description of your version of the circumstances leading to the filing of this grievance or grade appeal:

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What has the student done to resolve this matter?

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What is your response to the claims contained in the student's complaint?

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What action, if any, are you willing to take to resolve this matter?

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I hereby certify that my response contains a complete, accurate and truthful statement of the facts in this matter.

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Campus Phone#: \_\_\_\_\_ Email: \_\_\_\_\_