



Student Concerns Form

This form is for non-academic concerns, e.g. classroom policies or teaching issues. It is not to be used for situations such as course grade disputes, academic offences, discontinuances, academic appeal requests or for the reporting of student code of conduct incidents.

The Student Concerns process exists to assist students in resolving issues. The process is student driven which means the student must initiate the form and ensure it is directed to the appropriate persons (staff, Chair, Manager) for investigation and resolve. Please review the [Student Concerns Policy and Procedure](#) on Conestoga's website. The Student Concerns form must be submitted within 15 business days of the incident occurring, except in extenuating circumstances that in the opinion of the College would justify an extension.

Where to direct your concern:

1. Students should first approach the person or department perceived to be causing the concern and attempt to resolve the issue on their own if possible. The College encourages students to consult with a third party, such as a counsellor in Counselling Services for guidance in resolving the concern. If the concern is not resolved, **or if the student is not comfortable approaching the person in question, then the student should proceed to #2. All conversations will be kept confidential without fear of reprisal.**
2. The student must discuss the concern with the Chair/designate detailing the actions that have occurred to date. If a group of students have appointed a spokesperson to represent them, each student must sign a sheet of paper indicating agreement. Program Coordinators are not supervisors and should refer the matter to the Chair.
3. The Chair/designate will meet with the student within ten (10) days of hearing about the concern or upon receiving the Concern Form to investigate. It is the Chair/designates responsibility to ensure that the Concern/Issue form is completed and it identifies what measures will be implemented to attempt a resolution.
4. The student/spokesperson must also sign this section indicating whether or not they agree with the recommended measures for resolve. If the concern is resolved at this stage, the signed form is forwarded by the Chair/designate to the VP Student Affairs Office. If the student is not in agreement with the outcome, the student shall request the Chair/designate refer the matter to the VP Student Affairs for final resolve.
5. The Chair/designate will forward the completed form to the VP Student Affairs Office within three (3) business days of the student request. The VP Student Affairs Office will contact the

student within five (5) business days of receipt of the form to begin resolve proceedings. The decision of the VP Student Affairs is final.

TO BE COMPLETED BY THE STUDENT SUBMITTING THE FORM, PLEASE PRINT CLEARLY.

Student Name: _____

Student Number: _____

Current Program Name and Year Level: _____

Campus Location: _____

Email Address: _____

Telephone number: _____

Date Form Submitted to Chair: _____

Please describe the situation in clear, simple terms. Attach a separate sheet of paper if necessary.

When and where did this occur? Please include location, date and time if known.

Who was involved?

Did anyone else see or hear what happened? Please provide names and telephone numbers, if possible.

What do you think is a reasonable resolution to this situation?

Describe what actions you undertook to resolve the situation. Include measures that were implemented in attempting to resolve the issue, including who you met with, dates of these meetings and why the outcome isn't satisfactory. Attach separate sheets if required.

By signing below, I acknowledge that the statements made herein, to the best of my knowledge, are accurate, complete and truthful. Once signed, please take this completed form to the Chair of your program.

Student Signature: _____ Date: _____

ADMINISTRATIVE USE ONLY

CHAIR or Designate: Date Form Received from student: _____

Please record the actions that were implemented to resolve this situation with the student, including all meeting dates and attendees. Attach separate sheets if required.

Student Agreement to above resolve: YES NO

Referral to VP Student Affairs: YES NO Date of Referral: _____

Student Signature: _____ Date: _____

Chair Signature: _____ Date: _____

VICE-PRESIDENT Student Affairs or Designate:

Date Received: _____ Date Student Contacted: _____

Meeting Date: _____ Participants: _____

Final Outcome:
