



Nebraska Indian Community College

P.O. Box 428 ♦ Macy, Nebraska 68039

PH (402) 494-2311 • FAX (402) 837- 4183

Grievance Form

Name _____

Student ID. # _____

Campus attended _____

Faculty/staff member to serve as advocate _____

Persons/departments with which the grievance is held:

Reason for and explanation of grievance:

Please give very specific details (dates/times/course numbers/instructor etc.)

Steps already taken to resolve grievance (if any):

Actions you would like taken to resolve the grievance:

Please feel free to continue with any of the above on back. Also, please attach any relevant documentation. Make a copy for yourself and turn in original to the Academic Dean.