

**Essex County College**  
**Student Government Association**  
*Grievance Form*

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State & Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please Briefly Describe your Grievance:

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Possible Solutions (If Applicable):

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*I hereby certify that the information given above is true and accurate. I fully understand that any willful misrepresentation made by me is punishable according to college policy.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Witness Information (If Applicable)**

Name: \_\_\_\_\_ Student ID (If Applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State & Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*I hereby certify that the information given above is true and accurate. I fully understand that any willful misrepresentation made by me is punishable according to college policy.*

Signature \_\_\_\_\_ Date \_\_\_\_\_