

BLADEN COMMUNITY COLLEGE
GRIEVANCE STATEMENT FORM
Post Office Box 266 • Dublin, North Carolina 28332
Telephone 910.879.5500 • Fax 910.879.5564

Office Use Only
Received by: _____
Date Received: _____

Personal information to be completed by the student (please print or type):

Name: _____ Date: _____
Last First

Student ID#: _____

Mailing Address (Street) City State Zip Code

Telephone Number Email Address

*State the date of the incident and party against whom the grievance is being made
(attach necessary supporting documentation):*

Resolution:

Student Signature

Date