

Student Welfare and Grievance Committee Initial Complaint Form
The University of Texas at El Paso
(Last Revised October 2007)

Students must complete and hand-deliver Initial Complaint Form to:

Dr. Sid Glandon, DBA, CPA, Chair of Student Welfare and Grievance
Associate Professor of Accounting
College of Business
Administration-Room 260
500 W. University
Phone: 915-747-7759; Email: sglandon@utep.edu

This form must be printed *very neatly* or typed. Numerous copies will be made from this original and it is important that all copies are readable. **Note:** Be certain to complete the last statement on Page 1 of the complain form

Student name

First name Middle initial Last name

Student -ID number 800-

Campus Address:

Telephone () _____ Email address: _____

Permanent or home address and telephone if different than above:

I wish to register a complaint against:

Faculty name _____, a
member of the faculty in the _____ department.

I certify that the named faculty member assigned me a grade of _____ in the course
_____ during the term

(Prefix) (Number) (Course Name)

(Fall, Spring, etc.) (Year)

Please be sure to specifically state what you want as an outcome of these proceedings.

**It is my sincere belief that this grade was based, in whole or in part, on
Malice, Bias, Arbitrariness, Caprice, Impermissible Discrimination
(See the working definitions below and circle the appropriate charge or charges)**

Malice: The intent, without just cause or reason, to commit a wrongful act that will result in harm to another.

Bias: An unfair act or policy stemming from prejudice.

Arbitrariness: Being Determined by chance, whim, or impulse, and not by necessity, reason, or principle

Caprice: An impulsive change of mind or a sudden, unpredictable action, change, or series of actions or changes.

Impermissible Discrimination:
Not permitted
Treatment or consideration based on class or category rather than individual merit.

I further state that I have conferred with the named faculty member regarding this matter and with the administrator(s) directly above the faculty member. These conferences did not resolve my complaint.

My complaint is summarized on the additional sheets attached. (Please label and number any additional pages.)

I certify that all information, allegation or representation on this form and on any attached sheets is true and correct to the best of my knowledge.

_____ (Signature) _____ (Date)

If you have questions during the process, please contact the Chair of the Student Welfare and Grievance Committee.

Committee Procedure for Grade Challenge (as of 6/12/91)
Receipt by Chair, SW&G Committee, of challenge from student

Notification of faculty member

Faculty member may respond

Notification of VPAA

Appointment of conciliator

Report of conciliator: the SW&G committee, on the recommendation, or of own volition may

If conciliation successful, send notification to all parties

Notification of VPAA

Notification of student

Notification of faculty member

Else, SWG Committee decided whether to form Hearing Committee

Notification of VPAA

Notification of student

Notification of faculty member

If SWG believes there is a case, form Hearing Committee and refer case

Hearing Committee schedules hearing

Notification of Hearing Committee

Notification of student

Notification of faculty member

Committee Makes Decision to Dismiss or Address

Report of Hearing Committee

Notification of registrar (if necessary)

Notification of VPAA

Notification of faculty member

Notification of student