

Bucks County School of Beauty Culture
GRIEVANCE/COMPLAINT FORM

Student Name:	Cell Phone:
Email:	Social Media ID:
Address:	

1. Please provide a one or two sentence description of your grievance.

2. Please describe the nature of your grievance in full detail indicating what happened, when the event occurred and who was involved. If additional space is needed, use the reverse side.

3. Indicate when and with whom you have already spoken regarding this grievance and what attempts have been made toward resolution.

4. Indicate what specific resolution you are seeking or recommending.

I hereby certify that the statements made pertaining to my grievance are truthful and accurate.

Signature of Student

Date

Administrator

Date form was received