



New Jersey City University
STUDENT GOVERNMENT ORGANIZATION
 2039 Kennedy Boulevard, Jersey City, New Jersey 07305. 201-200-3591 FAX 201-200-2175

GRIEVANCE FORM

Date: _____

Your Name: _____ Gothic ID: _____

E-mail: _____ Phone: _____

GRIEVANCE INFORMATION:

Name of Faculty/Staff/Student: _____

Class, Division, or Department: _____

Nature of Grievance: _____

Suggestions: _____

 Grievant's Signature

Return Completed Form to:
 V.P. of Internal Affairs' Mailbox
 Located at
 Student Govt. Club Lounge Room 191
 285 West Side Ave. Jersey City, NJ 07305
 Phone: 201-200-3561

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DATE RECEIVED: _____ BY: _____

COPY TO FACULTY/STAFF MEMBER ON: _____

COPY TO DIVISION CHAIR/SUPERVISOR ON: _____

ACTION / RESOLUTION:
