

Department of Education & Psychology



GRIEVANCE POLICY

DEPARTMENT OF EDUCATION & PSYCHOLOGY GRIEVANCE POLICY

The Department of Education and Psychology affirms the right of each student to resolve grievances with the Department. The Department has established specific appeal procedures to assure timely and appropriate consideration of any such grievances. Student complaints will be addressed by the appropriate faculty or other university official. It is the goal of this department that any Student grievance will be resolved at, or close to the level at which the problem arose ethically, equitably and expeditiously.

The policy of the university is that the student (complainant) will be notified in writing as to the status of the complaint. It is also the policy of the university that any complaint that is made directly to the university president will be transmitted to the proper university official for investigation.

The following steps have been developed to meet those goals.

- 1. A student having a grievance originating in the Department of Education and Psychology is directed first address his or her concern to the appropriate instructor or faculty member who has responsibility in the matter of concern. This grievance should be given to the faculty member in writing within 15 days of the occurrence. The faculty member should respond with a decision within five (5) working days of the receipt of the complaint.
- 2. The process for appealing the faculty member's decision is to complete the Student Request/Intake Form (www.alcorn.edu/doep). This form should be submitted to the Chair, Dr. Malinda Butler. Please allow 24 hours for a response.
- **3.** If the issue is not resolved with the Student Request Form students may complete the appropriate grievance form found on the Department of Education & Psychology's website. To be considered, this form must be completed and emailed to the Chair of the Education & Psychology Department within five (5) work days of receipt of the decision from the Student Request form.
 - A decision by the department chairperson or director should normally be made within five (5) workdays of the filing of the grievance.
- **4.** Any appeal by a student of the decision of the department chairperson must be made in writing within five (5) workdays to either the Dean of the School of Education and Psychology. The Dean will render a decision on the grievance normally within five (5) workdays of the receipt of the grievance.
- 5. Should the student desire to make further appeal, the appeal should be directed to the Office of the Vice President for Academic Affairs. The Vice President for Student Affairs shall confer with the student and if the grievance is not resolved, he/she shall refer the matter to a standing committee or appoint a committee from three (3) to five (5) persons including student representation to hold an official hearing on the matter. The

student may either represent himself or request the assistance of another student. The hearing shall be held within ten (10) days of receipt of the grievance by the Vice President for Student Affairs or a designee.

- **6.** Upon completion of the hearing, the committee will inform the Vice President for Student Affairs of the decision, and he/she will inform the student. The Vice President for Student Affairs may utilize the decision of the committee or amend the decision as he/she deems appropriate.
- 7. If the student is not satisfied with the decision indicated in step 5, he/she may appeal to the President of the university. The President shall render a final decision in the case normally within ten (10) days of the written receipt of the appeal. The decision of the university president is final.

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Alcorn State University Department of Education & Psychology

GRIEVANCE POLICY FORM

| Name:Alcorn ID #: |
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| State your grievance in detail, including the date of act(s) or omissions causing grievance. |
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| dentify other individuals (employees, students, etc.) with personal knowledge of your grievance. |
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| State briefly your efforts to resolve this grievance. |
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| Describe the remedy or solution you would like. |
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| Signature: Date: |

