

## **Emerald Coast Technical College Student Grievance Procedure**

The purpose of the student grievance procedure is to provide a means to a fair and equitable resolution of any complaint that a student may have with regard to policy, procedure, rules, or regulations of Emerald Coast Technical College. Students are reminded that Emerald Coast Technical College is a public school operated by the Walton County School District and that Walton County School District publishes a Student Code of Conduct each year. Student Grievance procedures are outlined in the Walton County School District Student Code of Conduct and are restated here:

1. Informal: The student should first take a complaint to the person(s) involved and try to solve the problem.
2. If left unresolved: The student/parent must give the principal/director a written and signed grievance. This should describe the problem and give all facts and suggested solutions. This must be given to the principal not more than ten (10) days after the incident occurred. The principal will then render his/her response within three (3) school days when feasible.
3. If the student/parent does not agree with the principal's decision, the grievance, as described in Step 2, may be sent to the Walton County School District Superintendent. This has to be done within three (3) days after the principal's decision. The Superintendent's decision is considered final and will be rendered to the complainant within five (5) days.
4. Filed Student Grievances will be maintained for a period of seven (7) years from date of principal's decision.

No person shall, on the basis of gender, marital status, sexual orientation, race, religion, national origin, age or disability be denied receipt of services, participation in school activities or access to programs if qualified to receive such services. Any student who believes that he or she has been discriminated against may file a complaint with the Student Grievance Procedure described in this Code of Conduct to the Equity Officer, Walton County Schools, 145 Park Street, DeFuniak Springs, Florida 32435.

--Walton County School District Student Code of Conduct

Emerald Coast Technical College is approved for postsecondary public education programs through the Florida Department of Education. The following is current contact information for the Florida Department of Education, Division of Career and Adult Education: <http://www.fldoe.org/workforce>. Emerald Coast Technical College provides programs approved through the Florida Board of Nursing. The following is contact information for the Florida Board of Nursing: <http://floridasnursing.gov/>. Information regarding these approvals may be provided through the administrative offices at ECTC.

Emerald Coast Technical College is accredited by the Commission of the Council on Occupational Education. The Commission's contact information is:

Council on Occupational Education  
7840 Roswell Road  
Building 300, Suite 325  
Atlanta, Georgia 30350  
Telephone: 770-396-3898  
FAX: 770-396-3790  
[www.council.org](http://www.council.org)

## Emerald Coast Technical College

**This written appeal must be filed within 90 calendar days after the decision or action occurred and for which the student is making the appeal unless making appeal to re-enroll in program following maximum attempts within a two year period.**

### STUDENT APPEAL FORM

This form should be completed and returned to the Emerald Coast Technical College Student Services Department within 90 calendar days of the action that the student is appealing (e.g. desire to return to re-enroll in program following academic dismissal, etc.). Students should complete the entire form (front and back). Incomplete forms will not be considered and will be returned to the student.

Emerald Coast Technical College will notify in writing of the decision of the Appeals Committee.

**FOR ECTC OFFICE USE ONLY**

**Student Enrollment Date:** \_\_\_\_\_

**Date Form Received:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Program: \_\_\_\_\_

Email address: \_\_\_\_\_ @ \_\_\_\_\_

Please read this entire form carefully and follow the procedures in the order they are listed. Incomplete forms will not be considered and will be returned to the student. All appeals must be accompanied by full documentation (e.g., schedule, billing statement, physician's note, employer letter, etc.) justifying the student's request.

Please check which type of appeal you are submitting:

\_\_\_\_\_ Academic Appeal (Related to: instructor, classmates, grades, course content and/or delivery method, etc. Complete Steps 1 through 6. Complete item #7 if applicable.)

\_\_\_\_\_ Administrative Appeal (Related to: administration, registration, late withdrawals due to medical problems or other extenuating circumstances (documentation required) Complete steps 3-6. Complete item #7 if applicable.)

1. Meet with instructor and attempt to resolve the issue.  Request Approved _____ Denied _____	For all appeals, please submit this form with full documentation to Student Services for review.  Request Approved: _____ Denied _____
2. Meet with Student Services on the ECTC campus Request Approved _____ Denied _____  Request Approved _____ Denied _____	Resolution:
3. Financial Aid Checked OK: _____ Needs _____ Review: _____	

**Please complete back page of form with specific information regarding your appeal.**

**Student Name** \_\_\_\_\_

**Submission Date:** \_\_\_\_\_

4. What is the situation or action that you would like to appeal? For example, if student is desiring to re-enroll after dismissal, please state: "Re-Enroll in program after dismissal," if student wishes to have financial aid reviewed or reinstated, please state: "Financial aid reviewed/ reinstated."

\_\_\_\_\_

5. Please provide an explanation of the corrective action you are needing /seeking? (if re-enrollment in the program, state "Re-enrollment in Program.")

\_\_\_\_\_

6. Please provide an explanation of any previous attempts to resolve this matter: Please reference #1, 2, and 3 if appropriate.

\_\_\_\_\_

7. Please provide any additional information you would like for the appeals committee to consider (attach additional paper if needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Appeals Committee Final Action**

**Action recommended by committee:**      **Student Appeal Approved** \_\_\_\_\_

**Student Appeal Denied** \_\_\_\_\_

**Student Appeal Approved Probationary** \_\_\_\_\_

**Date of Committee Proposed Action:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_