

Master of Science Program
Department of Nutrition Science
College of Allied Health Sciences

FACULTY MEMBER RESPONSE TO GRIEVANCE PETITION

Student Name

Banner ID

Faculty Name:

Facts (Concisely state the pertinent facts of the issue):

Issue in Controversy (Concisely state the nature of the grievance):

Solution (State what you believe is an effective solution):

Justification for Solution (Explain why you believe your solution is correct):

Signed and dated the ____ day of _____, 20_____.

Faculty Member Signature