## WIDENER UNIVERSITY SCHOOL OF NURSING STATEMENT OF GRIEVANCE

Name of Student:		Date:	
Academic Program: (check one) E	3SN MSN	I DNP	PHD
Course name and course number:			
such a meeting has occurred, and	no resolution had he student must	s been achieved, obtain signature c	of the involved faculty member, and
Statement of the problem/concer	n/complaint mus	t address the follo	owing:
<ul> <li>Clearly and concisely state of the control of the control</li></ul>	aware of the prob cumstances relate by taken to addres ts that may help as differently in th	olem? ed to the problem ss the problem/sit you improve or co	tuation? orrect the situation.
I have met with the student and dis	scussed the issue	es stated above.	
*Student Signature_ Indicates only that student has pre	pared the docum	Date nentation and con	sulted with the faculty.
*Faculty Signature	1	Date	
*Mentor Signature		Date	
Course Coordinator Signature Indicates only that student has cor approval.	sulted with advis	Date: sor and does not i	ndicate, express, or imply
Resolution (check one):			
☐ Issue resolved between student	and faculty		
□ Issue not resolved: nursuing Aca	ademic Council m	neeting	