

Kay Moriah International School of Beauty

5500 E 81st Ave., Merrillville, Indiana, 46410 (219) 940-9217

STUDENT GRIEVANCE FORM

	Student Name:	Cell Phone:
	Email:	
	Address:	
1.	Please provide a one or two sentence description of your grievance.	
2.	Please describe the nature of your grievance in full detail indicating what happened, when the event occurre and who was involved. If additional space is needed, use the reverse side.	
3.	Indicate when and with whom you have already spo been made toward resolution.	oken regarding this grievance and what attempts have
4.	Indicate what specific resolution you are seeking or	recommending.
l herel	by certify that the statements made pertaining to my gr	rievance are truthful and accurate.
 Signat	ture of Student Date	

Note: If enough room has not been provided in this form, feel free to use the back to finish expressing your grievance.