Empire Beauty Schools

GRIEVANCE FORM

Name	
Address	
Cell Phone	
Student ID	
Email	

Please describe the nature of your grievance in full detail, indicating what happened, when the event occurred, and who was involved. If additional space is needed, use additional paper.

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Please indicate if you have already spoken to staff regarding this grievance and what attempts have been made to resolve it.

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Please indicate what specific resolution you are seeking or recommending.

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If this complaint is concerning Nondiscrimination Policies, have you reviewed the policy online at www.empirebeautyschools.com (Circle One)

Yes No

I hereby certify that the statements made of my grievance are truthful and accurate.

_____ _____

Student Signature Date

Title IV Coordinators, please sign below you have seen this complaint and are addressing it promptly.

_____ _____

Title IV Coordinator Date

Empire Beauty Schools