

## NOTICE OF GRIEVANCE FORM

## Section 1: Griever's Information

Last Name:

| College of Registration:   | Program            | n:                     | Year of Study             | Student Number:                                 |  |  |
|--|--------------------|------------------------|---------------------------|---|--|--|
| Mailing Address - Street:  |                    |                        |                           | Apartment #:                                    |  |  |
| Town/City:   |                    | Province:              |                           | Postal Code:                                    |  |  |
| Daytime Telephone:   | Daytime Telephone: |                        | dents in conjoint program | ns this must be your mail.utoronto.ca address): |  |  |
| Section 2: Grievance Inf   | ormation           |                        |                           |   |  |  |
| Please enter a response in each counsel/representative, setting or   |                    |                        |                           | ges, submit a statement prepared by you or yo   |  |  |
| Grievance Concerning:  |                    | Date(s) of Incident:   |                           |   |  |  |
| Please give a brief description of the background to the grievance (i.e., in your own words describe what happened). |                    |                        |                           |   |  |  |
|  |                    |                        |                           |   |  |  |
|  |                    |                        |                           |   |  |  |
|  |                    |                        |                           |   |  |  |
|  |                    |                        |                           |   |  |  |
|  |                    |                        |                           |   |  |  |
| References regulations or polici   | es that support    | your grievance if ann  | licable                   |   |  |  |
| References regulations of polici   | es tilat support   | your grievance, if app | iicabie.                  |   |  |  |
|  |                    |                        |                           |   |  |  |
|  |                    |                        |                           |   |  |  |
|  |                    |                        |                           |   |  |  |
| Please give a brief statement se   | tting out the gr   | ounds of your grievan  | ce (e.g., medical, comp   | passionate, etc.).                              |  |  |
|  |                    |                        |                           |   |  |  |
|  |                    |                        |                           |   |  |  |
|  |                    |                        |                           |   |  |  |
|  |                    |                        |                           |   |  |  |

First Name:



## NOTICE OF GRIEVANCE FORM

## **Section 2: Grievance Information (continued)**

| Remedy Being Sought:  |                          |                              |  |  |
|---|--------------------------|------------------------------|--|--|
| Section 3: Legal Counsel or other I   | Representative I         | nformation                   |  |  |
| Have you retained Legal Counsel or other  | Representation?          | □ No □ Yes If y              | ves, please provide the information below.   |  |
| Last Name:  |                          | First Name:                  |  |  |
| Name of Law Firm (if applicable):   |                          |                              |  |  |
| Mailing Address Street:   |                          |                              | Apartment #:   |  |
| Town/City:  | Province:                |                              | Postal Code:   |  |
| Daytime Telephone:  | Email Address            |                              |  |  |
| Section 4 – Check List  |                          |                              |  |  |
| The Notice of Grievance form: comp  | leted using the fillable | PDF function and signed      | with an original signature.  |  |
| Documentary evidence to support ye  | our grievance (e.g., me  | edical certificate, email co | orrespondence, petition forms, etc.).  |  |
| Additional pages relating to Section  | 2 above, if applicable.  |                              |  |  |
| Section 5 - Declaration   |                          |                              |  |  |
| I certify that the information I have provided in t<br>Grievances Policy.                                       | his form is true, compl  | ete and accurate in all res  | spects. I have read the Toronto School of Theology   |  |
| Griever's Signature:  |                          | Date:                        |  |  |
| Personal information is collected for the purpose of ad safety, financial assistance and awards, graduation and |                          |                              | related student activities, activities of student societies,<br>nt. Your personal information will be protected at all |  |

If you have questions please contact the TST Registrar, Toronto School of Theology, 47 Queen's Park Crescent East, Toronto, ON, M5S 2C3 or call 416-978-4040.