



## GRIEVANCE LODGEMENT FORM

**Name:** \_\_\_\_\_

Please do not use my name when talking about this concern in public

**Student I.D.** (If applicable): \_\_\_\_\_

**Address** (If applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Preferred Contact Method:**  Phone

Email

Mail

Please provide contact details: \_\_\_\_\_

**Supporting Documents Attached?**  Yes

No

**Please provide details of your grievance:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**What outcome are you seeking?** \_\_\_\_\_

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**Additional information:** \_\_\_\_\_

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**Claimant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PAMI Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_