

General Grievance Form for Students

Use this form to express a general, non-emergency grievance. Separate forms exist for reporting of [Sexual Misconduct](#), [Security Incidents](#), [Conduct or Health Incidents](#) (for violations of policy or health-related issues), and [Referrals for the Assessment and Care Team](#) (reporting students exhibiting concerning behaviors or actions).

The General Grievance Form allows Tianjin Juilliard students to express issues, disagreements, and general concerns related to the student experience. These may include: disagreements with institutional policies, problems with courses or programs, concerns regarding the general atmosphere of the school, perceived bias, or any other issue you would like to voice on behalf of yourself and/or your peers. This form should not be used to report incidents of sexual misconduct or harassment (See [Sexual Misconduct Reporting Form](#)), violations of school policy (See [Incident Report Form](#)), security issues (See [Security Incident Report Form](#)), students exhibiting concerning behaviors or actions (See [ACT Referral Form](#)), or accidents, injuries, or illnesses (See [Incident Report Form](#)). For Tianjin Juilliard's Disability Grievance Procedure, visit the complete [Tianjin Juilliard Disability Grievance Policy](#). The process for grade appeals is included in the Academic Policies and Procedures in the Student Handbook.

Information shared in this form will be viewed first by the Associate Dean of Academic and Student Affairs and shared only with relevant parties tasked with formulating a timely response.

*** Required**

Today's Date *: _____

Reporter's Name*

Please provide full name.

Reporter's Email*

Summary of Concern*

Other Party Affected*

If possible/preferred, please include the names and email addresses of other students who share your concern.

May we contact the other parties you have listed?*

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

Verification*

Please enter your full name verifying the information you have provided is accurate to the best of your knowledge.