

DDBS STUDENT GRIEVANCE POLICY AND PROCEDURES

PURPOSE OF THE PROCEDURE/INTRODUCTION:

Dymond Designs Beauty School's aim is to ensure that students with a grievance relating to their education or attendance can use a procedure, which can help to resolve grievances as quickly as possible.

POLICY

Any student who feels they have not received adequate and/or fair treatment in all matters related to school policies, regulations, and procedures in accordance with the current student handbook may seek consideration through a formal grievance policy.

PURPOSE

To provide all students with means for impartial consideration in grievance procedures.

GUIDELINES

Stage 1: Statement of Grievance: If the student feels that the matter has not been resolved through informal discussions with the instructor/student meeting, the student should put their grievance in writing to the Director of Operations to further resolve the said issue.

Stage 2: The Grievance Meeting: The Director of Operations must schedule the Grievance meeting within three (3) days receipt of the grievance. If the grievance includes the Director of Operations, the Director of Operations or assigned personnel may coordinate the meeting.

Stage 3: The response: The Director of Operations will respond, in writing, and the response shall be issued to the student within five (5) days following the grievance meeting.

PROCEDURE:

Students must take all reasonable steps to attend the meeting, but for any unforeseen reason the student or the Director of Operations cannot attend, the meeting must be rearranged. Should a student companion and/or parent/guardian be unable to attend then the student must make contact within 3 days of the date of the letter to arrange an alternative date within five (5) days of the original date provided. These time limits may be extended by mutual agreement.

APPEAL: If the matter is not resolved to the student's satisfaction, they must state their grounds of appeal in writing within five (5) business days of receipt of the decision letter. Within ten (10) business days of receiving an appeal letter, the student should receive a written invitation to attend an appeal meeting. A member of the school's Advisory Committee will take part in the appeal meeting. After the appeal meeting with the advisory committee member, the Director of Operations must inform the student in writing of their decision within three (3) business days of the meeting. No further action can be taken.

If conflict is still without resolve, please contact Council on Occupational Education 7840 Roswell Road, Building 300, Suite 325 Atlanta, GA 30350 Telephone: 770-396-3898 / FAX: 770-396-3790 www.council.org.

Or

State of Michigan Bureau of Professional Licensing

PO Box 30670 Lansing, MI 48909

Telephone: (517) 241-9288

Website: www.michigan.gov

Email: BPLHelp@michigan.gov

STUDENT GRIEVANCE FORM

Name of Complaint: _____

Student Name: _____

Phone Number: _____

Address: _____

1. Please provide a one or two sentence description of your complaint.

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

3. Indicate when and with whom you have already spoken regarding this grievance and what attempts have been made toward resolution.

4. Indicate what specific resolution you are seeking or recommending.

***I hereby certify that the statements made pertaining to my complaint are truthful and accurate.**

Signature of Complainant

Date

Student

APPEAL FORM

Rules cannot be written that will apply to every situation in every business. Therefore, any policy established by DDBS may be appealed due to mitigating circumstances. Anyone wishing to appeal against a policy must do so using this form and attach any applicable documentation. Appropriate personnel will review the appeal and a determination will be made. All decisions on appeal are final. Indicate which policy is being appealed below. Appeals regarding an SAP must be made within 15 days of the negative determination.

Re: _____

Attention Director of Operations:

I wish to appeal against the decision and/or policy of the school regarding the above-indicated manner. The mitigating circumstances and pertinent information relating to the decision or policy are stated below.

Supporting documentation Attached: ____YES ____NO

Student signature:

Parent or Guardian signature (If applicable):

Date:

OFFICE USE ONLY ____APPEAL ____APPEAL DENIED

EXPLANATION OF DECISION: REQUIREMENTS OF STUDENT TO ACHIEVE SATISFACTORY ACADEMIC PROGRESS AT THE END OF THE PROBATIONARY PERIOD: