** Notice of Challenge Form 70B**

**It is the student’s responsibility to ensure that this form is completed fully and all necessary
documents are included.
Failure to submit complete material may result in rejection of your request.**

**This form is used to begin the formal grievance procedure under Policy 70.** Resources to advise students include the Registrar’s Office, Graduate Studies Office, Conflict Management and Human Rights Office, Student Resource Office, Secretariat and Faculty Undergraduate and Graduate offices.

The completed form with supporting documentation is to be submitted to the Associate Dean (Undergraduate or Graduate) of your Faculty **within 10 working days** of receiving the response to the request or, if there was no timely response, within 10 working daysof when the response was due. If the grievance relates to a decision of the Associate Dean, this form is to be submitted to the Dean of the Faculty.

**Student Information:**

**Last Name**:

**First Name:**

**ID Number:**

**Faculty:**

**Program:**

**Local Contact Information:**

**Street Address:**

**City:**

**Postal Code:**

**Email Address:**

**Telephone Number:**

Note: It is the student’s responsibility to immediately report any change to this contact information.

**Written responses to the following items must be provided below or typed on additional sheets.**

**Name and title of the individual/committee consulted during the Request stage:**

**Details of the Grievance**
Explain how you think you have been treated unfairly and/or unreasonably.

**Relief Requested**Set out the result you are seeking.

**1. I have read and I understand Policy 70 - Student Petitions and Grievances.**
**2. I certify that any documents I have submitted are authentic and that the statements I have made are true.**
**3. I may be contacted at the address, telephone number and email address given above.**
**4. I will immediately report any change to my contact information.**
**5. I will check my email frequently and respond promptly.**

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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