

UNIVERSITY of  
NORTHERN COLORADO



*Student Senate*

**CLUB FUNDING GRIEVANCE FORM**

Please read before submitting grievance:

- Grievances submitted regarding the club funding process may not be handled confidentially.
- If you are grieving an unfair process, an unfair Organization Funding Board, or making a funding appeal, the grievance will be investigated by both the Student Rights Advocate and Student Judiciary. If either of these individuals decides the grievance is valid, you will have the opportunity to appeal to Student Senate for a change of funding allocation.
- If you have a grievance against the Student Trustee, please contact the Student Rights Advocate.
- Please carefully read and understand Student Senate bylaw chapter IX regarding club funding.

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Club Name:	Student Submitting Grievance:
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Address:	Email:	Telephone:
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Basis of Complaint:

- Components of the funding process were unfair or unethical
- The Organization Funding Board acted unfairly or unethically
- Other

If other, please describe:

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Please provide a statement giving full details of your grievance.

This statement may include: *facts supporting grievance, names of those involved (e.g. witnesses) date(s) and time(s) of event(s), names of those you have approached concerning this event(s), the effect this grievance has had upon you and/or copies of any documents relating to grievance (e.g. witness statements) etc.*

**STATEMENT:**

*If insufficient space, please write on a separate sheet, sign, date and attach to this form*

*How would you like to see this resolved? (Please be as specific as possible)*

**RELIEF:**

*I understand the following:*

*I have the right to be free of retaliation for filing this complaint. I agree to report any conduct which I believe is motivated by retaliation for filing this complaint.*

*I understand that if this statement contains accusations that I know are false, I may be subject to disciplinary actions by: the University, individuals within the University and/or external legal action from those I falsely accuse.*

*I understand that this grievance may not be kept confidential.*

*I understand that I have the right to appeal Student Senate decisions to the Dean of Students office.*

*I verify that this statement is true and accurate to the best of my knowledge and belief.*

Signature:	Date:
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*Please return this form to the Student Rights Advocate or the Student Senate Advisor.*

Office Use Only-	Received	Clubs & Orgs Chair Signature:
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Office Use Only-	Received	Student Rights Advocate Signature:
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