

PROCEDURE: SCHOOL OF MEDICAL LAB SCIENCE (MLS.02.08.00.00)
EFFECTIVE DATE: 10/11
REVISION DATE: 5/17, 3/19, 4/20, 5/23
REVIEW DATE: 10/12, 10/13, 4/14, 3/15, 3/16, 5/18, 4/21, 5/24

SUBJECT: FORMAL COMPLAINT

PURPOSE:

To promote open communication between students, program director, faculty and laboratory staff in resolving problems, concerns and disputes. The student is encouraged to discuss concerns/informal complaints openly and candidly with the program director. All concerns/informal complaints may not be resolved in this manner; therefore, this policy serves to resolve issues through a formal process that is prompt and equitable.

This policy protects the student from retaliation or reprisal actions against them as a result of submitting a formal complaint.

POLICY:

Students have a right to submit a formal written concern/complaint if they feel an action such as the following has occurred:

- Unfairness
- Improper behavior
- Breach of policy
- Event resulting in an unfavorable or negative outcome

PROCEDURE:

1. Student should submit to the program director in a sealed envelope a formal complaint on the Formal Complaint Form within five business days from the date of the incident.
2. Program director will submit acknowledgement of receipt to the student within five business days.
3. Depending on the nature of the concern/complaint, the student will meet with one or more of the following individuals in seeking a possible resolution:
 - Only with the program director
 - Program director and faculty/lab staff
 - Member(s) of the advisory committee
4. After meeting with program director and/or named individuals, the student will receive a letter from the program director addressing the concern/complaint and stated resolution.
5. If the student is not satisfied with the response, the program director will direct the student to proceed with implementation of the Appeal Process for *Student Grievances (Academic/Non-Academic Performance) policy (MLS.02.07.00.00)*.

REVIEWED BY:

Program Director, School of Medical Laboratory Science

**Saint Francis Health System
School of Medical Laboratory Science
Formal Complaint Form**

Date: _____

Name of Person Submitting Form: _____

Briefly describe the complaint in detail, including date(s), time, location, and name of person(s) involved.

Individuals will be protected from retaliation or reprisal actions as a result of submitting a formal complaint.

Signature Required