

## CECAR Grievance Form for Concerns or Complaints

Please fill out this form fully and submit to [milanak@musc.edu](mailto:milanak@musc.edu).

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please list the specifics of the complaint:

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List the specific laws, policies, or regulations you believe have been violated:

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Please list the names and titles of individuals you presented your concerns to prior to completing this form:

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What resolution to your concern was presented that was not acceptable to you?

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What action would you like to be taken?

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