



B 2-002 -Grievance Form

This form, should be emailed (administration@Quantomstudios.org), hand delivered or mailed to:

Quantom Studios Institute for Technology (QSIT)
5128 Lincoln Avenue
Alexandria, VA 22312

Quantom Studios Institute for Technology (QSIT)
P.O. Box 1695
Alexandria, VA 22313

Please complete all spaces on the form

_____/_____/_____
Last Name First Name Middle Name

Address City State Postal Code

Email address: _____@_____.com

Phone number: _____ Student #: _____

Leave a message at the phone number above? ___ Yes ___ No

Please indicate the current term: ___ Fall ___ Winter ___ Spring ___ Summer Year _____

Date(s) Grievance Occurred: _____

Please describe your complaint or grievances: _____

I promise that the information provided to QSIT regarding this matter is correct.

Student Signature

Date

AREA BELOW TO BE COMPLETED BY OFFICE STAFF

Contact Date: _____ Action Taken: _____

Administration Signature

Date

President Signature

Date