**Arizona’s Virtual Pharmacy Tech School**

**Grievance Form**

**3920 E Thomas Road STE 15314**

**When you complete your form save the document as a PDF so you can sign it and then send it to the following email address:** [**Grievance@avpts.com**](mailto:Grievance@avpts.com)

|  |  |
| --- | --- |
| Print First Name |  |
| Print Last Name |  |
| Address (Street/Ave/Apt. #) |  |
| City |  |
| State |  |
| Zip Code |  |
| Birthdate | /  / |
| Phone Number | (     )   - |
| Email Address |  |

|  |
| --- |
| Describe the specific grounds for your grievance (include dates, names and places necessary for complete understanding). Include specific remedy sought.  Click here to enter text.    Remedy:  Grievant signature(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date |

Please attach all documentation along with this form. If you need more space to explain you may include additional pages.

**Official Use Only**

Date received by Representative

Dates conference held:

Grievant Satisfied with Remedy  Grievant Dissatisfied with Remedy

Student Affairs/Representative signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: