**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**

|  |  |
| --- | --- |
| 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: