



MTI COLLEGE

Request for Grievance

Directions: Please complete the following and submit to the dean, campus director or college president. You may submit your request on campus or via email. You will be contacted within two business days from the date your request is received.

Date: _____

Student Name: _____ Student ID: _____

Phone number: _____ Email address: _____

Please explain in detail the nature of your concern and any actions that have already been taken.

Please describe what outcome you would like to see happen:

Sue Thornton, Director of Student Services/ Evening Dean
sthornton@mticollege.edu
(916) 339-1970

Malcolm Carling-Smith, Campus Director
mcarlingsmith@mticollege.edu
(916) 339-4371

Julie Norman, Day Dean
jnorman@mticollege.edu
(916) 339-4369

John Zimmerman, President
jimmerman@mticollege.edu
(916) 339-4333

To be completed by MTI personnel only:

Date Received: _____ Received By: _____