GRIEVANCE POLICY

Grievance / Complaint Procedure  the Director of Michigan College of Beauty will receive and process any complaint regarding the conduct of staff members and students or one which sets forth facts that reasonably suggest that staff or students have violated state cosmetology laws or accrediting commission requirements. Complaints must be submitted in writing on the designated form within 30 days of the incident and must be signed by the complainant. The complaint must state the name of the staff member or student, relevant dates, and describe the actions forming the basis of the complaint. The administration may refuse to process any complaint which is submitted anonymously. Complaints cannot be kept confidential. Information must be obtained from all parties involved to effectively address any allegation made. Complaints must include a written release from the complainant allowing the administration to forward a copy of the complaint including identification of the complainant, to all parties involved. If additional information is needed, the administration will request it in writing from the complainant. If the requested information is not supplied in 14 days, the complaint will be abandoned and will not be pursued. A committee consisting of at least two staff members not involved in the complaint will investigate a complaint that provides substantial evidence of misconduct or a violation of rules or laws. After investigating the complaint, the committee may recommend one of the following actions and a record will be kept in the student’s and staff file:

1. Informal resolution of dispute. This could be accomplished at a meeting of involved parties, mediated by the committee.
2. Disciplinary action at the committee’s discretion against staff or students up to and including suspension or termination of employment or enrollment, respectively.
3. Referral of the complaint to the State Board of Cosmetology or NACCAS, if beyond the scope of the committee’s ability to resolve conflicts or violations.

Consumer Information
Licensing and Accreditation Authority Data to operate the following school can be obtained by written request. All schools are licensed by State of Michigan, Department of Licensing and Regulation. PO BOX 30018, Lansing, MI 48909. License # 2707-000-413
PHONE: 517-241-9288; Naccas 3015 Colvin St., Alexandria VA 22314 Phone: 703-600-7600 Fax: 703-379-2200 Email: webinfo@naccas.org
STUDENT GRIEVANCE FORM

NAME_________________________________ ADDRESS _______________________________________
Social Security #________________________ TELEPHONE________________________

1. Please provide a one or two sentence description of your complaint.
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

2. Please describe the nature of your complaint in full detail indicating what happened, when the event occurred and who was involved. If additional space is needed, use the reverse side.
   _____________________________________________________________________________
   _____________________________________________________________________________
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3. Indicate when and with whom you have already spoken regarding this grievance and what attempts have been made toward resolution.
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   _____________________________________________________________________________
   _____________________________________________________________________________

4. Indicate what specific resolution you are seeking or recommending.
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   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
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I hereby certify that the statements made pertaining to my complaint are truthful and accurate.

_____________________________________________________
Signature of Complainant _____________________________
Date