

Student Grievance Procedure

Due process

To provide each student with due process, the following is our formal procedure/policy for resolution of a grievance or complaint. It identifies time frames for completion of each step and provides for a final appeal to a source external to the program

Policy

It is the policy of the program to provide students with a formal method by which any dispute arising out of a student's clinical and didactic training can be presented for review and resolution.

- A. A grievance is any dispute, disagreement, or claimed inequity by a student.
- B. Whenever possible, student complaints should be discussed, investigated, and resolved with the student's immediate Clinical Instructor or Program Director before they become grievances. However, if complaints are un-resolvable at this level, or if the student decides to submit them through the grievance procedure, then the student must put the complaint in writing on the prescribed grievance form and initiate the grievance according to the procedure outlined below.
- C. To assure the student's ability to properly grieve any situation, the student may move to step 2, if the grievance involves the Program Director of the school.

Eligibility

Any student may utilize the grievance procedure.

Procedure

The following outlines the procedure to be followed by all participants involved in the grievance process. The Program Director is responsible to coordinate activities related to each step, if beginning the procedure at step 1. The appeal or response time may be extended if necessary.

Step 1

Student:

1. Contact the Program Director's office to obtain a grievance form.
2. Complete the grievance form, and submit the original to the Program Director within three (3) working days following the date of the claimed incident that caused the grievance. Students will retain one copy.

Program Director:

3. Meet with the grievant, and give the grievant written response to the grievance on the grievant reply form within three (3) working days following receipt of the grievance. The Program Director will retain one copy.

Step 2

Student:

4. If the grievance is not resolved, submit written grievance on the grievance form to the Radiology Director within three (3) working days following receipt of the response in Step 1. Students will retain one copy.

Radiology Director:

5. Meet with the grievant and give the grievant a written response to their grievance on the grievance reply form within three (3) working days following receipt of the grievance. The Radiology Director will retain one copy.

Step 3

Student:

6. If the grievance is not resolved, submit a written grievance to the Associate Relations Department within three (3) working days following receipt of the response in Step 2.
 - A. Student will retain one copy.
 - B. Submit one copy to the Program Director.

Associate Relations:

7. Selects grievance committee members, arranges date and time for Relations meeting, and arranges for any witnesses which are required for the meeting.
8. Convene the Grievance Committee.

Grievance Committee:

9. Investigate the grievance thoroughly, meet with the grievant and give the grievant a written response to their grievance within five (5) working days following receipt of the grievance by the Associate Relations Department.

Associate Relations:

10. Investigate all aspects of the grievance and render a final decision to the grievant in writing within five (5) working days following receipt of the grievance.

The *Associate Relations Department* reserves the right to adhere their specific policies to any grievance that reaches their department.

All decisions regarding student disciplinary action made within the School of Radiologic Technology are done through the Associate Relations Department (a division of the Legal Department) of the Hospital to ensure equality of student treatment in each decision.

Complaint resolution Policy (JRCERT)

Rev.3-21

This policy was implemented to assist in the process of resolving any complaints received by the School from any concerned party in reference to JRCERT standards. Complete JRCERT standards may be found in the Appendices.

1. Report of finding or complaint/concern is received in writing by the Hospital Administration, Medical Advisor and/or Program Director from the JRCERT or other concerned party.
2. The Program Director will meet with the Department Administrator and/or Medical Advisor to discuss complaints and develop ideas for resolving complaints.
3. The Program Director will further develop ideas and implement any policy changes to resolve complaints. If applicable, changes will be monitored with evaluations or the Program Director will accumulate documentation.
4. Department Administration will communicate with Hospital Administration regarding concerns and resolutions.
5. Once the Program Director collects enough documentation, he/she will submit information to JRCERT according to stipulations and deadline assigned.