

Auxiliary Enterprises

1832 West Road Houston, TX 77054 Phone: (713) 500-8400 Fax (713) 500-8409 Auxiliary Enterprises

Mailing Address PO Box 20036 Houston, TX 77225-0036

Grievance Policy Auxiliary Services

The staff and leadership of Auxiliary Enterprises are committed to providing excellent customer service across a broad area of service areas, including housing, shuttle, parking, food services, student health and counseling, and the recreation center. The Grievance Policy exists to allow students the ability to address escalating conflicts in a prompt, fair and orderly manner. Outlined below are the procedures to be used in filing a grievance. Auxiliary Enterprises also seeks regular student feedback through its Customer Survey in an effort to continuously improve its services. Student Health and Counseling also seeks regular feedback through its Patient Satisfaction Survey, and includes information in all clinics on making complaints to the Texas Medical Board, which is required by state law.

Types of Complaints

Types of student complaints that may be addressed by Auxiliary Enterprises include, but are not limited to, the following:

- Unreasonable or inequitable decisions concerning services provided
- Unprofessional treatment by staff

Student Grievance Procedures

Students should attempt to resolve all conflicts with the appropriate office/person before filing a formal grievance as indicated in the procedures below. Students with questions about the procedures may contact the Assistant to the Associate Vice President of Auxiliary Enterprises at (713) 500-8400.

Informal Resolution

Students should resolve conflicts with the service area involved by utilizing a self-established informal resolution process that does not have to be in writing. Students may request that an alternate staff member be present when resolving conflicts. The selected staff member may help with an informal resolution and may offer recommendations to resolve the problem. Every effort will be made to maintain the student's confidentiality. If an informal resolution is not attained, the student may submit the formal Grievance Form using the process outlined below.

Formal Grievance

If an informal resolution was not achieved and the student wishes to submit a formal grievance, the student should complete and submit the Grievance Form within 15 calendar days from the date of the informal resolution effort, and attach any documents relevant to the complaint. In summary, the formal Grievance document should describe the complaint and all consequences and efforts made to resolve the conflict using the informal resolution process.

Review of the Grievance Document

The Associate Vice President, Auxiliary Enterprises (AVPAE) will review the Grievance document within 25 business days from the time of submission. The AVPAE may consult with the head of the appropriate service area to make the final decision. If additional information is needed before a decision is reached, the AVPAE and/or their designee may request additional documents from the student filing the grievance. Any additional documents requested from the student must be submitted within 7 working days. Failure to provide any information requested will result in termination of the grievance process. Once the formal grievance has been evaluated and a decision has been made, the AVPAE or their designee will promptly communicate this decision to the student within 25 business days from the date of the initial formal grievance.



Student Signature

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Grievance Form

tudent Last Name	First Name	Middle Initial	Student ID Number
reet Address (include apt. no.)			Phone Number (include area code)
у	State	Zip Code	Program
A. Grievance Information Indicate the office the control of the co		st whom the grievance is be	ing filed:
☐ Housi		☐ Shuttle	Student Health and Counseling
_	Services	Recreation Center	☐ Parking
_		_	nd your reasonable expectation for resolution:
GRIEVANCE:	•		<u> </u>
NFORMAL RESOLUT	ION EFFORT (inclu	ude date resolution effort attemp	ted):
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			ted):
	CTATION FOR RES		
REASONABLE EXPE	CTATION FOR RES	SOLUTION:	

Date