

STUDENT COMPLAINT FORM

THIS FORM WILL SERVE AS PAGE ONE OF YOUR FORMAL COMPLAINT DOCUMENT PLEASE REFER TO POLICY FLD FOR DETAILED INFORMATION ABOUT THE STUDENT COMPLAINT PROCESS INCLUDING CHAIN-OF APPEAL AND TIME LINES.

TO BE COMPLETED BY STUDENT. PLEASE PRINT.

Name _____ SS# _____

Address _____

Phone _____

Student's signature

Date complaint filed

If you choose to be represented by another person, tell us about that person below. Please print.

Name _____ Relationship _____

Address _____ Phone () _____

THE COMPLAINT MUST INCLUDE ALL THE INFORMATION LISTED BELOW IN COMPLETE DETAIL. YOU MAY ATTACH OTHER DOCUMENTATION IN SUPPORT OF YOUR COMPLAINT.

1. **STATEMENT OF COMPLAINT:** Please identify and clarify the basis of the complaint. Include the name of the person against whom the complaint is being filed, the circumstances surrounding the complaint, the date or time period during which the offense is alleged to have occurred, and all other pertinent details.
2. **STATEMENT OF HARM:** Please state the individual harm you suffered which prompted you to register this complaint.
3. **INFORMAL DISCUSSION:** Please explain any efforts you may have made to resolve the complaint informally; include names of person(s) contacted, date(s), and outcome.
4. **RELIEF SOUGHT:** Please specify the relief or solution you are seeking by filing this complaint.

TO BE COMPLETED BY COLLEGE OFFICIAL

A Name of Vice President or Dean _____

B. Date formal complaint received _____

C. Date of hearing with student _____