



FORMAL GRIEVANCE – COMPLAINT FORM

The **Formal Grievance – Complaint Form** is used to address student concerns and should be submitted once the **Informal Grievance Resolution** options have failed to bring about a solution. Please return the completed form to either the Vice President for Student Services (disciplinary issues) or the Provost (academic issues) within thirty days of the initial incident.

PERSONAL INFORMATION

Name: _____ Student ID #: _____

Address: _____ Home Phone: _____
Last, First Middle Street City State Zip

Email Address: _____ Cell Phone: _____

- Student complaint involving another student
- Student complaint involving a university staff or faculty member
- Student complaint involving a university service or department
- Other (please specify) _____

INCIDENT INFORMATION

Incident Date: _____ Time: _____ AM PM Location: _____

Person(s) you wish to register complaint against (give full name and address, if possible):

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Please describe the incident(s) in as much detail as possible: (Please continue on back if necessary)

WITNESSES

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

RELIEF OR RESOLUTION DESIRED

I hereby declare that the information on this form is true, correct, and complete to the best of my knowledge. I understand that any misrepresentation of information may result in disciplinary action as stipulated in the Student Handbook.

Signature: _____ Date: _____

For Office Use Only:

Received by: _____ Date filed: _____