

STUDENT COMPLAINT FORM

TO (Name of Department Chairperson/Dean): _____

DEPARTMENT: _____

SUBJECT OF COMPLAINT: _____

DATE OF ALLEGED ACT: _____

SPECIFICS OF COMPLAINT: _____

(Attach additional page if needed)

STUDENT'S CONTACT INFO: _____

Please Print Name

Home Phone No.

Cell Phone No.

E-mail Address

SIGNATURE OF COMPLAINANT: _____

Note: The department should time stamp upon receipt.

NOTIFICATION OF STUDENT COMPLAINT

TO: _____

FROM (Chairperson/Academic Dean): _____

RE (Student Complainant's Name): _____

There has been a complaint filed against you by the above named student. The filing of the complaint does not imply that any wrongdoing has occurred and you must not retaliate in any way against the student for having made the complaint. Please read the enclosed student complaint form for an overview of the allegation(s). I would like to meet with you in my office to discuss the complaint on _____:

Date

Time

My office will contact you regarding a meeting on this matter. If you have any question(s) beforehand, please do not hesitate to contact me.

SIGNATURE OF CHAIRPERSON/DEAN: _____

Enclosure: Student Complaint Form

cc: Office of Student Development (Rm. 2F01)