

Academic Student Complaint Form

Name of Student filing complaint	
Permanent Address	
Student ID#	_Student Phone number
☐ Resident ☐ Commuter (please check one)	Student email address
Description of complaint (include date/time/location/details of incident/others involved)	
What attempts, if any, have been made to resolve the issue?	
What is your desired outcome? (there is no guarantee tha	t your desired outcome will be reached)
Student Signature	Date Submitted

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Administrator receiving the complaint completes all items below this line.	
Signature of Administrator reviewing complaint	
Date response sent to student	
Brief summary of resulting action	