STUDENT CONCERN/COMPLAINT FORM

Name: __________________________________________
Address: _______________________________________
Email Address: __________________________________
Student ID#: __________________________________
Phone: _________________________________________
Date: __________________________________________
Semester: _______________________________________
Undergraduate [ ] Graduate [ ]
Major: __________________________________________
Who received complaint: ___________________________
Nature of Concern/Complaint: __________________________
Date of Incident: _________________________________

Phoned ___ Came-by ___

Have you taken up your complaint with the person(s) involved? Yes/No

If your answer is no to the above question, please explain why and explain with whom within the University, if anyone you have raised the matter?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

AN EQUAL EDUCATIONAL OPPORTUNITY INSTITUTION
Please be as detailed as possible when giving names, dates, and places; include phone numbers and addresses if possible. Use additional paper if needed

Student Explain.

______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Witnesses

______________________________________________________________
______________________________________________________________
______________________________________________________________

Advisor Comments

______________________________________________________________
______________________________________________________________
______________________________________________________________

__________________________  ____________________________
Student Signature                Date

__________________________  ____________________________
Advisor Signature               Date
NOTE: Students are encouraged to begin their complaint/concern with the faculty member/involved party. When this is not the case, students should begin in the Student Advisement Center in the College of Education and speak with an advisor. At that time if the concern is not resolved, student will be referred to their department and various personnel on the flow chart to resolve their concern. In the last event, if the concern is not resolved in the College of Education, students are referred to the University Ombudsman.

Action or Resolution

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please attach copies of any documents that you consider relevant.

_____________________________________________________
Student Signature                  Date

_____________________________________________________
Dr. Jessica Davis                  Date
Assistant Dean
Student Affairs

_____________________________________________________
Dr. Lillian B Poats                 Date
Dean, College of Education