TEXAS SOUTHERN UNIVERSITY  
College of Education  
B011 713-313-7745  
Office of Student Affairs  
3100 CLEBURNE AVENUE  
HOUSTON, TX 77004

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?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please indicate how you would like to receive your response. ___ E-mail   ___ U.S. Mail
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 Explanation

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Witnesses

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Comments

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature  Date

Advisor/Reviewer Signature  Date
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
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

AN EQUAL EDUCATIONAL OPPORTUNITY INSTITUTION