



Date  Student ID

Name

Mailing Address  Phone Number

Email

Please identify as a complaint or grievance and then summarize complaint or grievance.

Please identify the person(s) involved.

Describe what happened and when it happened. Attach additional pages if needed.

What remedy or corrective action are you requesting?

Please provide the names of other persons who will verify or support your statements. (Attach additional pages if needed):

Name \_\_\_\_\_ Phone/email \_\_\_\_\_

Name \_\_\_\_\_ Phone/email \_\_\_\_\_

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Student Signature

Date

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Dean of Student Services

Date

*For office use only*

Actions taken:

Complainant/Grievant Notified: Date \_\_\_\_\_ Method \_\_\_\_\_