Student Grievance/Complaint Form

Date: _____

Student Name: _____
Student ID Number: _____
Student Classification: PI P2 P3 P4
Faculty Advisor:_____

LOCAL HOME CONTACT INFORMATION
Street Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____ Work Phone: _____

Email Address: _____

PERMANENT HOME CONTACT INFORMATION
Street Address: _____
City/State/Zip: _____
Home Phone: _____

Complaint Against name(s) of individual(s)):
_____ _____
_____ _____

In the space below, please describe the specific action:

In the space below, please describe any actions previously sought, the outcome and reason for why the outcome was unsatisfactory.

_____ _____
Signature Date

Upon completion, place the Student Grievance Form in an envelope, seal and mark the envelope "Confidential" and deliver to the Assistant/Associate Dean of Student Affairs and Admissions.