



STUDENT COMPLAINT FORM

(To be used for issues not covered by other policies)

Please submit this form **via e-mail attachment** to the appropriate department chair or director where the problem occurred.

If you have any **supporting documents**, include them as email attachments along with the completed form. If additional space is needed to provide more details, you may write a separate statement with all the necessary information and attach it to the email.

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| Your full name: | |
| Student ID#: | |
| Your phone number: | |
| Date on which you are submitting this complaint form: | |

Student's Description of Problem

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| Name of the university department or office in which the problem occurred: |
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| Describe your complaint. Attach copies of any documents that support your complaint. |
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| When did the problem occur? (Be as specific as possible.) |
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| Describe any efforts you have made to resolve the matter. If none, explain why you have not attempted informal resolution. |
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| What do you think would be a fair resolution to this issue? |
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Please retain a copy of this complaint form for your records.

Administrative Response

The appropriate administrator will complete this portion of the form and send the entire form via email attachment to the student. The administrator will retain a copy of the completed complaint and response form.

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| Name of Administrator Responding to Complaint: | |
| Administrator's Title: | |
| Department/Unit: | |
| Validity of the Complaint | <input type="checkbox"/> Valid It involves a specific incident, decision, or circumstance directly impacting the student. It clearly identifies the issue(s) of concern and provides relevant supporting evidence or documentation. <input type="checkbox"/> It falls within the scope of the institution's policies, procedures, or ethical standards. <input type="checkbox"/> It is submitted within the specified timeframe (ten working days). <input type="checkbox"/> Invalid <input type="checkbox"/> It lacks sufficient detail or evidence to substantiate the claim. <input type="checkbox"/> It pertains to issues outside the scope of institutional policies or jurisdiction. <input type="checkbox"/> It is submitted after the designated timeframe without an acceptable reason for the delay. <input type="checkbox"/> It is frivolous, repetitive, or intended with an intent to disrupt university operations |
| Decision: | |
| Date: | |

STUDENT: If you wish to appeal this decision, you must submit your appeal within ten working days from the date stated above. Complete **Student Complaint Appeal Form A** and submit it and the original Student Complaint Form via email to the appropriate academic dean, graduate dean, or next level non-academic administrator for review.