



STUDENT GENERAL COMPLAINT FORM

****PLEASE PRINT****

Name: _____ Date: _____

Address: _____
Street or P.O. Box City Zip Code

ID# _____ Telephone No. _____

DATE MOST RECENTLY ENROLLED AS A STUDENT: _____

I WISH TO COMPLAIN AGAINST: _____

Name of person, college, program, or activity: _____

Address: _____

Please describe the incident, the participants, the background of the incident and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places.

Date of Alleged Incident: _____

If there is anyone who could provide more information regarding this issue, please list names, addresses, and phone numbers.

NAME

ADDRESS

PHONE NUMBER

THE PROJECTED SOLUTION: Indicate what you think can and should be done to solve the problem. Be as specific as possible.

Print Name: _____

James Todd, Ph.D.
Vice President of Student Services

Signature of Complainant (Student)

Date

Date