

**Student Formal Complaint Form**

**Student Information:**

Name

Student ID

Address

City  State  Zip

Phone  Cell

Email

**Complaint Information:**

Complaint filed against:    Student                   Faculty                   Staff

Name

Incident Date                   Incident Time  a.m.   
p.m.

Incident/Complaint Details (attach additional sheets if necessary)

Have you attempted to resolve the situation?    Yes                   No

What specific actions, if any, have you taken to resolve the situation?

What specific remedies/actions do you suggest to resolve the situation?

Student's Signature                   Date

Received by                   Date