



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 Signature: _____ Date: _____
Received By: _____ Date: _____