

Student Complaint Report Form

Complainant's Name:	ID#:
Address (City, State, and Zip Code):	
Home Phone:	Cell Phone:
Major Field of Study (Optional):	

COMPLAINT:

Person(s) Involved:

Date of Incident:

Specific Time or Time Period:

Specific Location: Dorm SUB Classroom Parking Lot Other (Specify):

Type of Contact (If Applicable) : Face-to-Face Email Social Networking (e.g., Facebook, Twitter)
 Text messaging/ Cell Phone

DESCRIPTION (NATURE OF COMPLAINT/ INCIDENT) (TO BE COMPLETED BY COMPLAINANT)

(Describe actions, behavior, impact(s) of actions or behavior, responses, including language used immediately before and/or after the incident, and relevant facts.) For additional space, write on the backside of this form.

INTERVENTION/ACTION TAKEN (TO BE COMPLETED BY COLLEGE PERSONNEL)

SIGNATURES

Complainant _____ Date _____
Instructor/Staff
(If Applicable) _____ Date _____
Vice President _____ Date _____

Submit a copy of this form to the Office of the Vice President for Student and Outreach Services within seven days after the filing of the complaint. Attach any additional documentation and/or evidence to further confirm the complaint.

[Type the author name]

Date Received: _____

By: _____

If necessary, the Student Complaint Resolution Chart can be reviewed under the Info Center tab located on myEagle Portal.

[Type the author name]

Date Received: _____

By: _____