



Student Complaint Form

Student's Description of Problem

Please submit this form via e-mail attachment to the appropriate department chair or director where the problem occurred; make comments concise. **Please retain a copy of this complaint form for your records.**

Your Name (Last, First, Middle)	Student ID#
Address: (Street/City/State/Zip)	
E-mail address	Area Code, Cell Phone #
Area Code, Home Phone #	Area Code, Work Phone #

Please use the reverse of this page or attach your responses to the following questions:

1. Date on which you are submitting this complaint form:
2. Name of the department or office in which the problem occurred:
3. Describe your complaint. Attach copies of any documents that support your complaint.
4. When did the problem occur? (Be as specific as possible.)
5. Describe any efforts you have made to resolve the matter.
6. What do you think would be a fair resolution to this issue?

Administrative Response

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

Name of Administrator Responding to Complaint:

Administrator's Title:

Department/Unit:

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 the **Student Complaint Appeal Form** and submit it and the original **Student Complaint Form** via e-mail to the Dean, Clemmer College of Education (head, professional education unit).