



EAST TENNESSEE STATE UNIVERSITY

STUDENT COMPLAINT FORM (To be used for issues not covered by other policies) Student's Description of Problem

Please submit this form **via e-mail attachment** to the appropriate department chair or director where the problem occurred. Please make comments concise, as text fields are limited.

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

1. Date on which you are submitting this complaint form:
2. Name of the university 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?

Please retain a copy of this complaint form for your records.

Administrative Response

The appropriate administrator will complete this portion of the form and send the entire form **via email 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 *Student Complaint Appeal Form A* and submit it and the original *Student Complaint Form* via email to the appropriate academic dean, graduate dean, or next level non-academic administrator for review.