To be Completed by the Student:
(Please note that a discussion with your immediate student service advisor should take place prior to completing this form)

Student Name: 
Phone #/Email address: ______________________ / ______________________
Program Title: ______________________
Student service advisor: ______________________

Complaint/Grievance Information
Retaliation against an individual filing a grievance is strictly prohibited and constitutes a violation of University policy, which may result in disciplinary action, including dismissal/expulsion.

Date of Incident: ______________________
Name of individual and/or department against whom the complaint/grievance is filed: ______________________

Please describe your complaint. (Include specific details—i.e., who, what, etc.). Attach separate sheet if necessary:

Students are encouraged to discuss their concerns and complaints through informal conferences with student service advisor. Have you made an attempt to resolve this complaint or grievance with the individual and/or department involved? □ Yes □ No
If yes, describe the outcome: (Attach any additional comments, if necessary):

Student Signature __________________________________________ Date ______________________

For Office Use Only

Step 1: 1st Level Corrective Action
Date Complaint Received: ______________________
Student service advisor: ______________________
Corrective Action Taken:

Date Decision Sent to the Student: ______________________

Step 2: 2nd Level Corrective Action
Date Complaint Received: ______________________
Student service advisor: ______________________
Corrective Action Taken:

Date Decision Sent to the Employee: ______________________

Step 3: 3rd Level Corrective Action
Date Complaint Received: ______________________
Student service advisor: ______________________
Corrective Action Taken:

Date Decision Sent to the Student: ______________________