

**STUDENT GENERAL COMPLAINT FORM**

**\*\* PLEASE PRINT\*\***

Name: Date:

Address:

 Street or P.O. Box City Zip Code

ID # Telephone No.

DATE MOST RECENLTY ENROLLED AS A STUDENT:

I WISH TO COMPLAINT AGAINST:

Name of person, college, program, or activity:

Address:

Please describe the incident, the participants, the background of the incident and any attempts you have made so solve the problem. Be sure to note relevant dates, times, and places.

Date of Alleged Incident:

 If there is anyone who could provide more information regarding this issue, please list names, addresses, and phone numbers.

 NAME ADDRESS PHONE NUMBER

 THE PROTECTED SOLUTION: Indicate what you think can and should be done to solve the problem. Be as specific as possible.

Jillian Daly Printed Name /

Dean of Literature and Language Arts / Signature of Complainant (Student)

Library and Learning Resources

Date Date