

STUDENT GENERAL COMPLAINT FORM

PLEASE PRINT

Name:			Date:
Address: _	Street or P.O. Box		
	Street or P.O. Box	City	Zip Code
ID#		Telephone No	
DATE MO	ST RECENLTY ENRO	LLED AS A STU	DENT:
I WISH TO	O COMPLAIN AGAINS	ST:	
	erson, college, program,	•	
			exground of the incident and any re to note relevant dates, times, and
Date of All	leged Incident:		
	nere is anyone who coulonames, addresses, and pl		Formation regarding this issue,
	NAME	ADDRESS	PHONE NUMBER

THE PROJECTED SOLUTI to solve the problem. Be as specific		what you think can and should be done
	Print Name:	
James Todd, Ph.D.		Signature of Complainant (Student)
Vice President of Student Services		Signature of Complaniant (Student)
Date		Date