

Student Complaint Form

Instructions: Students may use this form to bring forward allegations of discrimination or arbitrary treatment. Attach additional pages if necessary.

Name _____

Address _____

Phone _____ Email _____

Describe the specific acts or circumstances you allege to be discriminatory. Include the following:

- Time and place of actions
- Identities of individuals or departments responsible
- Nature of the discrimination (e.g., disability; gender)
- Evidence and witnesses
- University policy that was violated
- Desired remedy

Have you filed another complaint about these actions under any other complaint procedure (e.g., APM 015, PPM 380-12)? Yes No

Signature _____ Date _____

