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_________________________________