



# STUDENT COMPLAINT/INCIDENT FORM

The student complaint/incident form is for students to share information on an issue or concern they have encountered with college administration. Please print the form out, fill it out, then turn it into the Dean of Student Services located in the Student Services building at the Admissions and Records office. The Dean of Student Services will contact you within a few business days of receiving the form.

Student ID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### CONTACT INFORMATION:

Daytime Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date/Time of the incident: \_\_\_\_\_ Did this incident occur: *On* campus / *Off* campus  
*(Please circle one)*

Did the incident include: \_\_\_\_\_ Students \_\_\_\_\_ Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Other

Name the individual(s) involved: \_\_\_\_\_  
\_\_\_\_\_

INCIDENT SUMMARY: (If more room is needed, please attach a separate sheet of paper)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If witness were present, please list all name(s) and contact information: \_\_\_\_\_  
\_\_\_\_\_

Has this incident occurred before? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide details of the previous occurrence:

\_\_\_\_\_

Have you attempted to resolve this issue before filling the complaint? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what were the results?

\_\_\_\_\_  
\_\_\_\_\_

What is the desired resolution you are seeking for this incident?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**OFFICE USE ONLY**

Administrator Name: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Administrator's notes: (Use separate sheet if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CC: DEAN OF STUDENT SERVICES  
COPY: STUDENT**

**Updated 09/26/16**