



# STUDENT COMPLAINT/INCIDENT FORM

Your concerns are important to us. The student complaint form is for students to share information regarding a concern or complaint that they may have regarding an office on campus or an encounter with a college employee. Fill out the form and use the submit button to email your incident report to the Dean of Student Services office or submit a printed copy at the Student Services building, Admissions & 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

Did the incident include: \_\_\_\_\_ Students \_\_\_\_\_ Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Other *(Please choose one)*

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) \_\_\_\_\_

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\_\_\_\_\_

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

**Updated 08/21/2018**