

Informal Complaint Form

Information and assistance in completing the complaint form may be obtained from the Ombudsperson located on both campuses. When completed it should be presented to the appropriate faculty, staff member or administrator.

Student Name: _____ SID#: _____ Date Filed: _____

Local Address: _____

Phone: _____ Email: _____

Complaint: _____

Type of Complaint (refer to 8.2.2p):

Remedy Sought:

Timeline, Signatures and Dates

Source of Complaint (Faculty/Classified/Administrative)

Name: _____ Contact Date: _____

Title: _____ Signature: _____

Proposed Remedy/Decision: _____ Date: _____

Immediate Supervisor/Department Chair

Name: _____ Contact Date: _____

Title: _____ Signature: _____

Proposed Remedy/Decision: _____ Date: _____

Ombudsperson

Name: _____ Contact Date: _____

Title: _____ Signature: _____

Advice Given: _____ Date: _____
