

STUDENT COMPLAINT FORM

This form is to be used to submit a formal complaint by students who have been unable to satisfactorily resolve conflict with the faculty, staff, students or others involved.

Please complete all fields so your complaint may be directed to the proper university officials.

Complaints may be submitted anonymously; however, unless you include your contact information, UNA will be unable to investigate your complaint or respond back to you regarding the subject matter.

Section 1: Personal Information

Your Full Legal Name (as enrolled):

First

Middle

Last

Preferred Name: _____

Major: _____ **Expected Year of Graduation:** _____

Address: _____
Street

City, State, Zip Code

Email: _____ **Phone:** _____

Preferred Method of Contact:

Email

Phone

U. S. Mail

Lion Number: _____

Section 2: Information About Your Complaint

First date on which the events or issues occurred: _____

Names(s) of the person(s) involved:

Please describe your complaint in detail. Include the names of persons, locations, and dates involved. If this complaint is against specific person(s), please list their names and titles.

What attempts have you made to resolve this complaint up to now? Please state who you contacted and what transpired.

Why do you think the complaint was not able to be resolved in your prior attempts?

What resolution would you consider fair? What resolution do you seek?

Any other information you want to provide?

For instance, is there any person who you do NOT want to be told of your complaint? (Keep in mind that it may be difficult to resolve if those involved cannot be asked to explain or respond.) NOTE: RETALIATION AGAINST A STUDENT FOR MAKING A COMPLAINT IS ABSOLUTELY PROHIBITED AND WILL BE CONSIDERED A SERIOUS VIOLATION OF PROFESSIONAL RESPONSIBILITY.

Please attach documentation that you want to be considered.

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I grant permission for this complaint to be forwarded to UNA officials for purposes of investigation and response.

Signature

Date