



STUDENT COMPLAINT/INCIDENT 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: _____

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