College of Education Complaint Form

Section I: Complainant’s Contact Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Email</th>
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<tbody>
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</tbody>
</table>

Additional Contact Information

Section 2: Complainant’s Role

- Student
- Employee
- Former Student
- Professor/Instructor

- Other: __________________________________________

Section 3: Describe the Nature of the Problem

Date Problem Occurred: __________________________________________

Name(s) of People Involved:

- __________________________________________
- __________________________________________

Location of the Incident:

- __________________________________________
- __________________________________________

Description of Problem:

- __________________________________________
- __________________________________________
Section 4: List any Supporting Documentation and Attach such Documents to the Complaint.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Section 5: Describe any Efforts Taken Already to Resolve the Issue.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Section 6: Signature

Print Full Name __________________________ Signature __________________________ Date ____________

FOR OFFICE USE ONLY:

Date Received: ______________ Received by: ______________

Date Processed: ______________ Processed by: ______________

NEW: 08.28.2015 byd