



For Official Use Only

Case #: \_\_\_\_\_  
(ID + Incident Date e.g., 900012345-01-02-2018)

- Academic Affairs       Registrar
- Counseling             Student Affairs
- Finance                  UCITS
- Other \_\_\_\_\_

## Division of Academic Affairs Student Complaint Form

*This form does not apply to grade appeals. If you have a grade appeal, please follow the procedure outlined in the "Grade Appeal Process" section of the Student Handbook or University Catalog. This form does not apply to Title IX issues (e.g. discrimination or allegations of sexual misconduct). Please report those issues to the Title IX Coordinator (Dr. Tamara Jeffries-Jackson, VP of Student Affairs).*

Complete this form as accurately as possible and return it to the Department Chair or the appropriate University official. This form will be shared with all parties involved.

### STUDENT DATA

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID: \_\_\_\_\_ Best Number to Contact You: \_\_\_\_\_

SCSU E-Mail: \_\_\_\_\_ Other Email: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### AREAS OF CONCERN

- Complaint about a Faculty Member       Complaint about Facilities/Buildings
- Complaint about a Staff Member         Complaint about Finance/Financial Aid
- Complaint about a Department Chair     Complaint about the Registrar's Office
- Complaint about Another Student        Complaint about Technology
- Complaint about Special Accommodations    Other \_\_\_\_\_

Name of Party Involved: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location Where the Incident Took Place: \_\_\_\_\_

In the space provided below, please describe the nature of the complaint, including actions that you have personally taken to resolve the matter.