COMPLAINT FORM

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Mailing Address:_____

Telephone Number:_____ Email Address:_____

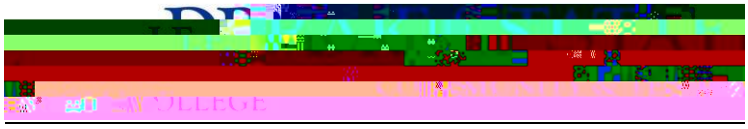
Current Student Status (If applicable): Enrolled Not Enrolled

Date of Incident:_____

(If the complaint is about a specific occurrence, the complaint shall be made within (10) working days of the occurrence.)

Is this complaint an Academic or a Non-Academic matter?

- Academic Matter Non-Academic Matter

Does this complaint involve a specific Person and/or Department?

Person Department