ST. CLOUD STATE UNIVERSITY
STUDENT COMPLAINT FORM

This form is to be used to address any complaint involving a faculty member, except for those involving grade appeal or allegations of harassment or discrimination. It must be completed before you seek mediation assistance from the department.

Student's Name _____ Student ID No. _____

Daytime Phone _____ Today's Date: _____

Faculty Member's Name _____ Dept. _____

Describe the matter about which you are concerned. (You may attach additional pages if you need to do so.

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Semester and year related to your concern: _____

(This section for department and college use)

Date received by department: _____ Received by: _____

Mediation successful: _____ Yes _____ No Mediated by: _____

Date received by dean: _____ Received by: _____

Final disposition: _____

_____

_____

(Dean will enter a brief statement as to whether or not the complaint was valid and intended follow-up action if any)

8/00