

ST. CLOUD STATE UNIVERSITY STUDENT COMPLAINT FORM

**Must be submitted no later than ten (10) days after the previous semester.**

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. This form must be completed prior to seeking mediation assistance from the department.

Student's Name: \_\_\_\_\_ SCSU ID #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Faculty Member's Name: \_\_\_\_\_ Dept.: \_\_\_\_\_

STEP 1: What date was the concern discussed with the faculty member? In what form did this exchange originate (e.g. face to face conversation, email, etc.)? \_\_\_\_\_

Describe the matter of concern. (Attach additional pages if needed.)  
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Semester and year related to the concern: \_\_\_\_\_

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(This section for department and college use.)

Date received by department: \_\_\_\_\_ Received by: \_\_\_\_\_

STEP 2: Mediation successful: Yes  No  Mediated by: \_\_\_\_\_

STEP 3: Date received by dean: \_\_\_\_\_ Received by: \_\_\_\_\_

Final disposition: \_\_\_\_\_  
\_\_\_\_\_  
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