FLORIDA MEMORIAL UNIVERSITY

STUDENT COMPLAINT FORM

Return Completed form to Office of Student Government or Student Affairs

Last Name

First Name

Middle Initial

Student Number (last 9 digits)

________________________________

Telephone Number (primary/ area code required)

Email Address (primary email in correct casing)

DESCRIPTION OF COMPLAINT (Please be as specific as possible in the description. Use additional pages if necessary)

Date(s) of Incident and Time(s)

Witnesses (If any)

NATURE OF DISSATISFACTION (Please check the following to specify the problem being described)

- Customer Service
- Academics
- Harassment
- Discrimination
- Activities/Recreation
- Housing
- Other

LOCATION OF EVENT DESCRIBED

Offender (if any)

☐ Student

☐ Staff

☐ Administrator

☐ Faculty Member

☐ Other ____________

INCIDENCE

____________________________________________________________________________________________________

____________________________________________________________________________________________________

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I hereby declare that the information on this form to be true, correct and complete to the best of my knowledge. I understand that any misinterpretation of information may result in disciplinary action as stipulated in the Code of Student Rights and Standards of Conduct. The signing of this form affirms that all information to be complete, valid and all disclaimers understood upon its submission for address.

Signature: ________________________________

Date: ________________________________