



FLORIDA MEMORIAL UNIVERSITY

STUDENT COMPLAINT FORM

Return Completed form to Office of Student Government or Student Affairs

(ex 000-12-3456)

_____	_____	_____	_____
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

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: _____

*****OFFICIAL USE ONLY BEYOND THIS POINT FOR REMAINDER OF FORM*****

Received by: _____

Date: _____

Cc to: _____

Date: _____

CASE NUMBER: