Division of Academic Affairs
Student Complaint Form

This form does not apply to grade appeals. If you have a grade appeal, please follow the procedure outlined in the “Grade Appeal Process” section of the Student Handbook or University Catalog. This form does not apply to Title IX issues (e.g. discrimination or allegations of sexual misconduct). Please report those issues to the Title IX Coordinator (Dr. Tamara Jeffries-Jackson, VP of Student Affairs).

Complete this form as accurately as possible and return it to the Department Chair or the appropriate University official. This form will be shared with all parties involved.

STUDENT DATA

Full Name: ____________________________________________ Date: __________________

Student ID: ___________________ Best Number to Contact You: ____________________

SCSU E-Mail: __________________________ Other Email: ______________________

Current Mailing Address: _________________________________________________

City: __________________________________ State: _______ Zip Code: ___________

AREAS OF CONCERN

☐ Complaint about a Faculty Member ☐ Complaint about Facilities/Buildings
☐ Complaint about a Staff Member ☐ Complaint about Finance/Financial Aid
☐ Complaint about a Department Chair ☐ Complaint about the Registrar’s Office
☐ Complaint about Another Student ☐ Complaint about Technology
☐ Complaint about Special Accommodations ☐ Other _________________________

Name of Party Involved: _________________________________________________

Date of Incident: ___________________________ Time of Incident: ________________

Location Where the Incident Took Place: _____________________________________
In the space provided below, please describe the nature of the complaint, including actions that you have personally taken to resolve the matter.