



Student Complaint Record: Academic

Policy No. 1903

This form is designed to be completed by the Department Chair, Program Director, Director of Student Success, and/or Center Director. Its purpose is to provide a means for documenting student complaints in a manner that allows them to be systematically addressed.

Date: _____

Student's Name: _____

Nature of Complaint: (Check all that apply.)

_____ **Inappropriate faculty content, instruction, materials, and/or assessment**

_____ **Inappropriate faculty conduct**

_____ **Faculty incompetence in oral or written communication**

_____ **Inequities in assignments**

_____ **Scheduling of class or exams at other than authorized and published times**

_____ **Routinely canceling classes or dismissing students early**

_____ **Deviation from syllabus**

_____ **Failure to provide disability accommodations**

_____ **Inadequate or inappropriate advising**

_____ **Failure to communicate in a reasonable timeframe**

_____ **Unfair or inappropriate grading practices**

_____ **University policies/procedures**

_____ **Other (Provide specific details below.)**

Provide a narrative to summarize the complaint. Use additional pages if needed.

Describe action(s) already taken by the student to resolve the matter (if applicable).

Office & personnel to whom complaint was initially submitted:

Action taken:

Note: If the nature of the complaint makes it inappropriate for the student to meet with the Department Chair, Program Director, and/or Center Director, then the student should meet with the Director of Student Success or the Dean of the appropriate college.

To Be completed by Administrative Personnel:

Describe action(s) taken by the Instructor.

Signature of Instructor

Date

Describe action(s) taken by the Department Chair, Program Director or Center Director, if applicable.

Signature of Department Chair, Program Director or Center Director

Date

Describe action(s) taken by the Director of Student Success, if applicable.

Signature of Director of Student Success

Date

Describe action(s) taken by the Dean of the appropriate college, if applicable.

Signature of Dean

Date

Describe action(s) taken by the Vice President of Academic Affairs, if applicable.

Signature of Vice President of Academic Affairs

Date

Describe the final resolution of the complaint.
