



STUDENT COMPLAINT / REQUEST FOR REVIEW

Items with an “*” are mandatory and must be filled out.

* **NAME:**

* **STREET ADDRESS:**

* **CITY/TOWN, STATE ZIP CODE:**

* **TELEPHONE #:**

TYPE:

* **PRIMARY EMAIL:**

* **SECONDARY EMAIL:**

* **CSCU INSTITUTION:**

* **ALL GRIEVANCE PROCEDURES AT THE INSTITUTION EXHAUSTED?** Yes No

* **NARRATIVE (INCLUDE A DETAILED RECITATION OF THE FACTS, INCLUDING RELEVANT DATES AND TIMES, FULL NAMES OF ALL PARTIES INVOLVED, ACTIONS TAKEN BY THE INSTITUTION AND THE STUDENT TO RESOLVE THE MATTER, DECISION(S) RENDERED, AND THE RESOLUTION OR ACTION YOU ARE SEEKING)(LIMIT OF 2,600 CHARACTERS - 650 BELOW + 1,950 ON PAGE 2)**

NARRATIVE CONTINUED

I ATTEST TO THE TRUTH AND ACCURACY OF THE INFORMATION CONTAINED IN THIS STUDENT COMPLAINT / REQUEST FOR REVIEW FORM.

***PRINTED NAME:**

***DIGITAL SIGNATURE:**

***DATE:**