



## **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 (circle one): home / mobile / work

\*PRIMARY EMAIL: \_\_\_\_\_

SECONDARY EMAIL: \_\_\_\_\_

\*CSCU INSTITUTION: \_\_\_\_\_

\*CAMPUS, IF APPLICABLE: \_\_\_\_\_

\* ALL GRIEVANCE PROCEDURES AT INSTITUTION EXHAUSTED? (circle one): 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) [**RESUME ON NEXT PAGE (“CONTINUATION SHEET”) IF NECESSARY**]:

---

---

---

---

---

---

---

---

---

---

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

\*PRINTED NAME: \_\_\_\_\_

\*WET SIGNATURE: \_\_\_\_\_

\*DATE: \_\_\_\_\_



**STUDENT COMPLAINT / REQUEST FOR REVIEW**  
**CONTINUATION SHEET**

**NARRATIVE CONT'D:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_