SHAW UNIVERSITY — 2014-2015 Undergraduate Catalog

STUDENT COMPLAINT/GRIEVANCE FORM

PLEASE FILE ALL COMPLAINTS/GRIEVANCES WITHIN TEN (10) DAYS

Date:		
Complainant Name:		
ID#:	Phone:	
E-mail address		
	all	☐ Summer
Date	e Complaint Filed	
Pertinent Information	l	
Name(s) involved		
Date(s) of incident(s) _		
Witnesses		
Please indicate the typ	e of complaint:	
Disciplinary Action	☐ Food Services	☐ Library
☐ Sexual Harassment	☐ Student Services	☐ Custodial Services
☐ Chapel	Discrimination	☐ Housing
☐ Maintenance	☐ Classroom	Personal Records
☐ Health Services	☐ IT Services	☐ Instructor
☐ Non-Academic	☐ Student Activities	☐ Mailroom
Grades	Other	☐ Safety and Security
☐ Financial Aid	☐ Student	

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Provide a statement that briefly and clearly outlines the nature of your

complaint. (Additional pages may be attached)			
The information I am providing in thi correct and complete to the best of my			
Signature			
What remedy or corrective action are y	ou requesting?		
Do not write below this line	For Office Use Only		
Resolution/Referral (Additional pages	may be attached)		
Action Taken by:			
Signature	Title Date		