

Student Academic Complaint Form

Complainant information (Name of Person filing complaint):

Name:
Phone number:
E-mail Address:
Student Status: _____ Medical Student _____ Graduate Student

Respondent Information (Name of person who the complaint is being filed against).

If this complaint does not involve a specific person, please skip to section B.

Name:
Phone Number:
E-mail Address:
Department or Unit Where Individual Works:
____ OSU-CHS campus
____ OSU-CHS Health Care Center
____ OSU-Tulsa campus
____ OSU Physicians Clinic
____ Other: Please specify: _____

Section B: Description of Complaint

Please include a summary of the complaint.

OFFICE OF STUDENT AFFAIRS

OFFICE OF EDUCATIONAL DEVELOPMENT

Received by _____

Received by: _____

Initial Committee Review: _____ Date: _____ Action: ___ Resolved ___ Not Resolved

Please provide reason for action taken:

COC Review: _____ Date: _____ Action: ___ Resolved ___ Not Resolved

Please provide reason for action taken:

Council of Deans Review: _____ Date: _____ Final Action: ___ Resolved ___ Not Resolved

Please provide reason for action taken:

Complaint closed by: _____ Date: _____