## **Student Non-Academic Complaint Form**

Complainant information (N	lame of Person filing complaint): Complaints require the name of the complainant.
Name:	
Phone number: E-mail Address:	
	edical Student Graduate Student
Date of Incident:	
Location of Incident:	
Respondent Information (N	ame of person who the complaint is being filed against).
If this complaint does not inv	olve a specific person, please skip to section B.
Name	
Name: Phone Number:	
E-mail Address:	
Department or Unit Where I	ndividual Works
Work location:	Hullitada Works.
OSU-CHS cam	inus
	Ith Care Center
OSU-Tulsa car	
OSU Physiciar	
Other: Pleas	
<del></del>	· / <del></del>
Section B: Description of Co	omplaint enter the second of t
	f the incident(s) and names of witnesses, if available. Once this information is registered, you will be contacted
by the University to obtain a	ny additional information, if needed as part of the investigative process.
OFFICE OF STUDENT AFFAIR	S
Received & Reviewed by:	Date:
Disposition:	Resolved/action taken:
•	
	Forwarded for review to:
	Next level of review to:
	Final outcome of review:
Complaint closed by:	Date: