Student Non-Academic Complaint Form

Complainant information (Name of Person filing complaint): *Complaints require the name of the complainant.*

Name:
Phone number:
E-mail Address:
Student Status: _____Medical Student _____Graduate Student
Date of Incident:
Location of Incident:

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:
Work location:

____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 incident(s) and names of witnesses, if available. Once this information is registered, you will be contacted by the University to obtain any additional information, if needed as part of the investigative process.

OFFICE OF STUDENT AFFAIRS

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: _____