East Carolina University

Student Complaint Form

Please complete this form and return it to the Dean of Students Office, 362 Wright Building. When the form has been completed and signed, and then signed by authorized staff in the Dean of Student, your complaint has been properly received and noted by the university. We will provide you with a copy of this form as well as complete information about the complaint process.

For those students who are not able to hand deliver (return) this form, i.e. distance education student, in person to the Dean of Students Office, please submit the form online with appropriate signature using the assigned East Carolina University email. The Dean of Students Office will contact you to verify that your complaint has been properly received and noted by the university.

If you should any questions, please feel free to contact the Dean of Students Office (252) 328-9297.

Banner ID (if assigned): ______________________________

Name: ________________________________

Last         First         M.I.

Address: ____________________________________________

City: ______________ State: __________ Zip Code: ______________

Telephone Number(s): ______________  E-mail: ____________________

Who is your complaint against:
Check one or more

☐Faculty    ☐Staff    ☐Student

☐University Department    ☐University    ☐Administrator

☐Other Explain: __________________________

Type of Compliant
Check one or more
Complaint: Describe your complaint. Please summarize below and attach additional pages describing your complaint if necessary.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name of person or entity you believe discriminated against you and why you have contact with them, e.g. supervisor, co-worker, faculty, customer.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Describe the corrective action you are seeking. Attach additional pages if necessary.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

For retaliation complaints, please explain why you believe someone retaliated against you:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Witnesses (The relationship information requested means co-worker, supervisor, customer, student (s), faculty, Dean, Administrator etc.)

1. ______________________________________________________________________
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<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Telephone</th>
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2. __________________________________________________________

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3. ___________________________________________________________

I certify the aforementioned is true and correct.

____________________________________________________________
Your signature                     Date

____________________________________________________________

For Staff Use Only:

Received by:______________________                     Date:_______

Administrative Follow-up (steps taken):

____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

Final Results:

____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

____________________________________________________________
Signature                     Date