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's office, 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.

**Banner ID (if assigned):** ____________________________

**Name:**

<table>
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<th>Last</th>
<th>First</th>
<th>M.I.</th>
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**Address:**

<table>
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<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code</th>
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**Telephone Number(s):** __________  **E-mail:** ________________

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**Who is your complaint against:**

Check one or more

- [ ] Faculty
- [ ] Staff
- [ ] Student
- [ ] University Department
- [ ] University
- [ ] Administrator
- [ ] Other Explain: ________________________

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**Type of Complaint**

Check one or more

- [ ] Age
- [ ] Color
- [ ] Creed
- [ ] Disability
- [ ] Genetic Information
- [ ] National Origin
- [ ] Political Affiliation
- [ ] Race / Ethnicity
- [ ] Religion
- [ ]Sex
- [ ] Sexual Orientation
- [ ] Veteran Status
- [ ] Other Explain: ________________

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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. _________________________________________________________________________________
   Name   Relationship   Telephone

2. _________________________________________________________________________________
   Name   Relationship   Telephone

3. _________________________________________________________________________________
   Name   Relationship   Telephone
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