

# 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:

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COC Review: \_\_\_\_\_ Date: \_\_\_\_\_ Action: \_\_\_ Resolved \_\_\_ Not Resolved

Please provide reason for action taken:

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Council of Deans Review: \_\_\_\_\_ Date: \_\_\_\_\_ Final Action: \_\_\_ Resolved \_\_\_ Not Resolved

Please provide reason for action taken:

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Complaint closed by: \_\_\_\_\_ Date: \_\_\_\_\_