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:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
COC Review: _________________________________________Date: ____________Action: ____Resolved  ____Not Resolved
Please provide reason for action taken:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
Council of Deans Review: _______________________________Date: ____________Final Action:  ____Resolved ____Not Resolved
Please provide reason for action taken:
________________________________________________________________________________________________________

Complaint closed by: _____________________________________________________________ Date:  _____________________