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: ______________________________