



# SOUTHWESTERN ADVENTIST UNIVERSITY

## Student Concern/Complaint Form

Student Information											
Student Name (Last, First, MI):											
Address:	City/State/Zip:										
Student ID#:	Semester & Year:										
Home Phone Number:	Work Phone Number:										
Mobile Phone Number:	SWAU Email Address:										
Name of department against whom the concern/complaint is filed: <table border="0"><tr><td><input type="checkbox"/> Academic</td><td><input type="checkbox"/> Financial Services</td></tr><tr><td><input type="checkbox"/> Administration</td><td><input type="checkbox"/> Hazing</td></tr><tr><td><input type="checkbox"/> Advancement</td><td><input type="checkbox"/> Spiritual Life &amp; Development</td></tr><tr><td><input type="checkbox"/> Campus Services</td><td><input type="checkbox"/> Student Services</td></tr><tr><td><input type="checkbox"/> Enrollment</td><td><input type="checkbox"/> Other _____</td></tr></table>		<input type="checkbox"/> Academic	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Administration	<input type="checkbox"/> Hazing	<input type="checkbox"/> Advancement	<input type="checkbox"/> Spiritual Life & Development	<input type="checkbox"/> Campus Services	<input type="checkbox"/> Student Services	<input type="checkbox"/> Enrollment	<input type="checkbox"/> Other _____
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If filing against an individual, please include in your written statement (details below).											
Describe your concern/complaint in detail. Include date/s of occurrence. Be as specific as possible. Attach additional sheets, if necessary, along with any documentation that will help describe and substantiate the concern/complaint. Are there any witnesses who should be interviewed? If yes, list names and contact information.											
Have you made an attempt to resolve this concern/complaint with the individual and/or department involved? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe the outcome (attach any additional comments, if necessary):											

**I understand that information contained in the concern/complaint form will be held confidential to the extent possible. Information may be shared with university officials in order to conduct a thorough investigation. I hereby declare that the information on this form is true, correct and complete to the best of my knowledge. I understand that any misrepresentation of information may result in disciplinary actions, in accordance with university disciplinary procedures.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_