



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:	
<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 _____
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** _____