



Name of Student Filing Complaint

Today's Date

Signature of Student Filing Complaint

Student Phone Number

Student Mailing Address, City, State, Zip Code

Student's GFU ID Number

Student's E-Mail Address

Description of complaint (Date, place, time, details - attach additional description if needed):

Attempts made to resolve as an informal complaint:

Statement of desired outcome:

..... Administrator receiving complaint completes items below this line.

Date complaint received: \_\_\_\_\_

Action taken:

Signature of Administrator Taking Action

Date Response Sent to Student

Signature of Vice President/Provost/Dean

Date Copy Sent to VP/Provost/Dean