

**Complaint Form**

Please submit the completed form **within 90 calendar days of when the incident occurred** to the Dean of Students Affairs or Human Resources Manager. Before completing the form, please refer to the Grievance procedure described in the Student Handbook.

Name of person completing this form: \_\_\_\_\_  
*(Please print clearly)*

1. Names and DSI numbers of student(s) involved in the incident *(if none, please write none)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Names and title of staff/faculty involved in the incident *(if none, please write none)*.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please list names and DSI number of witnesses to incident

\_\_\_\_\_  
\_\_\_\_\_

4. Description of the incident, please provide date, time and location – specific information is required in order to process an investigation. Please attach all supporting documentation, such as police reports, police case number, etc.

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