**COMPLAINT FORM**

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|  | |  | **FORM NO:** |  |
| **DATE & TIME OF ISSUE:** |  | | |  |
| **DATE & TIME REPORTED:** |  | | |  |

**DESCRIPTION OF THE COMPLAINING ISSUE:**

(Please include names of individuals involved and how it is impacting you):

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**EXPECTATION OF OUTCOME THAT YOU ARE SEEKING?**

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| **DETAILS OF STUDENT SUBMITTING REPORT** | | |  | **DETAILS OF STAFF RECEIVING REPORT** | |
| **NAME:** |  | |  | **NAME:** |  |
| **SIGNATURE:** |  | |  | **SIGNATURE:** |  |
| **CONTACT INFO:** |  | |  |  |  |
| **STUDENT ID NUMBER:** | |  |  |  |  |