

DECLARATION OF COMPLAINT FOR FORMAL GRIEVANCE REVIEW

Instructions:

1. Please type or print legibly all required information. ***(All information will be protected and confidential)***
2. When complete, please return the form in an envelope and submit to the Front Desk.
3. Upon receipt, your complaint will be investigated by an assigned ombudsman. Upon completion of the investigation, the administrator will make a decision based on the evidence.

CONFIDENTIAL

Complainant Contact Information	
Last Name	First Name
(Tel):	E-mail:
Explain the circumstances that led to your complaint. Be as specific as you can about your concerns, including dates and college staff who may be involved. Please use additional sheets if you need more space. If this complaint is against specific person(s), please list their name and title.	
What relief or resolution would you consider fair?	
Verification of Complaint and Consent for Release of Information	
The PSU will use the information you provide as part of efforts to resolve your complaint. PSU will only review signed and certified complaints.	
I hereby certify that above information is true and accurate to the best of my knowledge and I agree that I will provide any additional requested information or respond to questions from PSU related to the review of my complaint.	
Student Signature:	Date:
<i>We appreciate your time and patience by completing this form. Thank you again for helping us to improve PSU.</i>	
Office Use Only:	Date Received:
Classification of Complaint:	Aca Adm Fin Fac Ethic Other
Comment:	

COMPLAINT**NOV2014