



Student Complaint Form

Name (print): _____
Last First M.I.

EMPL ID #: _____ CUNY SLU Email: _____

Telephone: _____

Date of Incident: _____

Office/Unit/Staff Involved: _____

Please describe complaint: _____

Are there other pages or documents attached YES NO

Please describe any attempt(s) you have made to resolve this issue: _____

Student Signature _____ Date _____

For Office Use Only:

Transferred to: _____
NAME Unit DATE

Complaint Resolved Yes No Date _____

Resolution: _____

