



FORMAL COMPLAINT FORM

STUDENT FACULTY STAFF

STUDENT ID _____

GENDER: FEMALE MALE

BIRTHDATE ____/____/____

LAST NAME _____ FIRST NAME _____ M.I. _____

STREET ADDRESS _____

EMAIL _____ PHONE# _____

What have you done to resolve this complaint up to now? State who you contacted and what happened. Informal resolution must be sought before filing this formal complaint. Contact the Office of Student Affairs for help with seeking informal resolutions.

Please describe the specific University action or individual behavior that has led to this complaint. You may attach additional pages if necessary.

Please state what resolution you are seeking. You may attach additional pages if necessary.

The above information is true and correct to the best of my knowledge. I give permission for this complaint to be forwarded to the Williams Baptist University officials to investigate and respond.

Signature

Date

Upon completion, please sign this form and mark it "confidential" and deliver it to the Office of Student Affairs, Box 3731, Walnut Ridge, AR 72476, or scan and email to tchatman@williamsbu.edu