

COMPLAINT REPORT FORM

(Undergraduate students: Complete and submit to **Student Life Office**)

(Graduate and Adult Education Students: Complete and submit to **Student Service Representative**)

Please note, if this is a complaint involving sexual misconduct (e.g., harassment, assault, stalking) it should instead be immediately directed to the University Title IX Coordinator. The University's Non-Discrimination Policy, Policy Against Sexual Misconduct, and information on how to file a complaint concerning sexual misconduct can be found at cune.edu/titleix

DATE OF THIS REPORT: _____

PERSON MAKING THIS REPORT

Name:		
Phone Number:		
Email:		
Address:		
City:	State:	Zip:

DESCRIPTION/NARRATIVE OF COMPLAINT:

*Please be as specific as possible. Identify parties involved and any witnesses, all relevant dates, the location(s), and a thorough description. **Attach relevant documents.***

OTHER CUNE INDIVIDUALS/DEPARTMENTS TO WHICH THE COMPLAINT HAS BEEN REPORTED (IF ANY):

WHAT WOULD YOU CONSIDER TO BE AN ACCEPTABLE RESOLUTION TO YOUR COMPLAINT?

I certify that the information I have provided in this report is accurate and complete to the best of my knowledge.

Signature _____

Date _____

