CLAFLIN UNIVERSITY
STUDENT COMPLAINT/GRIEVANCE FORM

Please complete the following information. Completed forms should be submitted to the Office of Student development and Services (107 Laymen Hall). You will be provided with a copy of the form-dated and signed by staff.

Date Event Occurred:____________  Claflin University Student ID Number:____________

Student First Name:____________  Student Last Name:______________________________

Local Address:______________________________________________________________

City:____________________  State:________  Zip Code:________________________

Claflin University Email Address:____________________  Telephone Number:____________

Check One:
__Former Student  __Current Student  ____Future Student  ____Other

Identify the category of your complaint (check all that apply):
____Service  ____Building (Facilities)  ____Coursework
____Individual (Personal)  ______Technology  ____Other

Describe the issue or concern. (Be specific regarding Who, What, When, and Where.)

Have you talked with staff or the instructor regarding your concern? (If yes, please describe the outcome.)

When you talked with staff or the instructor regarding your concern? (If yes, please describe the outcome.)

When Addressing My Concern: (check one)
__You may use my name  ____You may use my name only after the end of the term

How did you find out about the Student Complaint Process?
________________________________________________________________________________
________________________________________________________________________________

Student’s Signature:_________________________________Date:__________________________

For Office Use: Form Received by: _____________________________Date Received:____________