

Student Life Complaint Form*

Glenville State College is committed to providing its students with a quality educational experience. Therefore, Glenville State students are encouraged to advise the institution of their concerns and/or complaints. Students should seek an informal resolution of the matter of concern if possible. However, should this approach fail or be inappropriate, students may submit written complaints or expressions of concern using this form.

Written complaints must be submitted within five business days of the alleged event(s) which led to the complaint. All pertinent information should be provided including date, time, location, parties involved, witnesses, any attempts to resolve the complaint, and desired resolution. Forms submitted without contact information will not be processed.

Student Complaint forms must be submitted to the Office of Student Life located in the Mollohan Campus Community Center. The complainant will be advised of the outcome of the review by e-mail, normally within ten working days of filing the complaint.

| Complainant's Name (Print) | Email | | |
|--|---|--|--|
| Home Phone: | Cell Phone: | | |
| Signature | Date submitted | | |
| Complaint Related to: | | | |
| Bookstore Campus Safety (Parking) Counseling Services Dining Services Equipment Repair Facility Repair | Fitness Center Health Services Residence Hall Policy/Event Student Activities Student Life Staff Other (please specify) | | |

*Complaints related to academic dishonesty, sexual misconduct, and course grades are to be handled in accordance with the appropriate policy and procedures in the Student Handbook. Complaints related to financial aid should be directed to the Office of Financial Aid.

Complaint Summary

| Please provide a statement desc a description of the events or c | _ | _ | | |
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| documentation should be attach | | r | , | |
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| Resolution: | | | | |
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| Signature: | | Date: | | |
| Dean of Student | | | | |
| Dean of Student | Life | | | |
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| Resolution notification sent to s | tudent (date): | | | |