



STUDENT COMPLAINT FORM
Level II – REQUEST TO APPEAL LEVEL I RECOMMENDATIONS

I, _____, _____ am appealing the Level I recommendation(s)
(complainant's name) (print legibly) (Student ID #)
 and request a Level II Hearing.

Name of Staff/Faculty and Department Named in This Complaint:

1. Is there any relevant, new evidence previously unavailable, which would substantially support this appeal? No Yes If yes, please attach all evidence.

2. Describe the verifiable grounds for this appeal from the Level I decision.

3. What remedy/solution do you propose?

Signature of Student: _____ Date: _____

This Box - For College Official's USE ONLY

Date Received: _____ Received by Staff: _____
 Date of Level I Complaint Decision: _____
 Forwarded to Staff Name: _____ Date Forwarded: _____
 Conference Date: _____ Conference Time: _____
 Individuals in Attendance: _____
 Written Response to Complaint Date: _____
 Administrator's Name (print): _____
 Administrator's Signature: _____
 Administrator's Title: _____

cc: Dean of Students
 Supervising Dean/Administrator