

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:_____