

Student Activities Office Complaint Form

To be filled out and submitted to the Director of Student Organizations. Please attach additional pages or articles of evidence that you wish to submit to this form.

Complainant Name:	Complainant Phone Number:
Complainant E-mail:	Complainant Street Address:
Respondent (Accused) Group:	Group ID # for Respondent:

Individuals Involved: _____

Date of Incident or Action at hand: _____

Please Describe the Incident or Action at hand: _____

What Policy, Regulation, or Established Practice is said to be violated: _____

What redress or resolution are you seeking of this complaint: _____

Complainant Signature and Date: _____

Are you a: Student Faculty Staff Member Community Member N/A

SAO Staff Use Only:

Date Submitted: _____ Initials of person accepting form: _____

Notification of Respondent Group on date: _____ By SAO Staff member: _____

Date of Meeting Scheduled: _____ Copy in RSO File: Y / N Note in Database: Y/N