

# Student Unions & Activities

UNIVERSITY OF MINNESOTA

126 Coffman Memorial Union  
300 Washington Avenue S.E.  
Minneapolis, MN 55455  
Phone: (612) 626-6919  
Fax: (612) 624-9124  
E-mail: sao@umn.edu

## STUDENT GROUP COMPLAINT FORM

To be filled out and submitted to the Assistant Director-Student Activities. Please attach additional pages or articles of evidence that you wish to submit to this form. More information about the Complaints, Policy Violations & Dispute Resolution Procedure can be found here: <http://www.sua.umn.edu/groups/handbook/complaints.php>

Complainant Name:		Complainant Phone Number:	
Complainant E-mail:		Complainant Street Address:	
Complainant is a:	<input type="checkbox"/> Student	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff Member
	<input type="checkbox"/> Community Member	<input type="checkbox"/> Other:	
Complainant Student Group (if applicable):		Complainant Student Group ID # (if applicable):	
Respondent (Accused) Student Group:		Respondent Student Group ID #:	
I acknowledge that Student Unions & Activities may provide a copy of my complaint and, if applicable, supporting documentation to the Respondent.			Please initial and date:

Individuals involved: \_\_\_\_\_

Date of incident or action at hand: \_\_\_\_\_

Please describe the incident or action at hand (attach separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

<b>SUA Staff Use Only:</b>	
_____ Date submitted	_____ Initials of person accepting form
_____ Date complainant notification sent	_____ Date of complainant meeting
_____ Date respondent notification sent	_____ Date of respondent meeting
_____ Date findings letters sent to respondent	_____ Date findings letter sent to complainant
Copy in RSO/CLP File: Y / N	Note in Database: Y/N