Fisk University

Written Student Complaint Form

Return Completed form to Office of Student Life or Provost's Office
(To be completed by Complainant, when informal process is unsatisfactory)
PLEASE PRINT

1000 17th Avenue North
Nashville, Tennessee 37208
615-329-8597
FAX: 615-329-8714
www.fisk.edu

COMPLAINANT

Complaint No:_____

_____
Last Name | First Name | Middle Name | Student No.

_____
Street | City/Town | Postal Code

_____ _____ _____
Telephone # | Telephone # | Fisk Email

DESCRIPTION OF COMPLAINT (Be as specific as possible. Use extra pages as needed.)

Date(s) and Time(s) of incident: _____

Location: _____

Witnesses: _____

Section(s) of Code allegedly violated: _____

Name(s) of alleged offender: _____

Is alleged offender? (Please check one) ☐**Student** ☐**Administrator** ☐**Faculty Member**
☐**Support Staff** ☐**Other** _____

Circumstances (events leading up to incident, actions taken, follow-up, etc.):

_____

_____

_____

REMEDY REQUESTED

_____

_____

_____

I hereby declare that the information on this form is true, correct and complete to the best of my knowledge. I understand that any misinterpretation of information may result in disciplinary action as stipulated in the Code of Student Rights and Standards of Conduct.

Signature:_____ Date:_____
Complainant

_____OFFICE USE ONLY BEYOND THIS POINT FOR REMAINDER OF FORM_____

Received by: _____ Date: _____

Copies to: _____ Date: _____

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DETAILS OF COMPLAINT INVESTIGATION (Meetings, interviews, attendees, agreements reached, if any, and final outcome – use extra pages as needed.)

_____

_____

_____

_____

_____

_____

_____

DISPOSITION OF COMPLAINT

☐ **Complaint Dismissed**

Reason(s):_____

_____

☐ **Penalties assigned (specify):**_____

_____

Reason(s): _____

_____

☐ **Other (specify):** _____

_____

Reason(s): _____

_____

Notification

Date Complainant and Respondent(s) notified of Complaint Disposition: _____