

TEXAS SOUTHERN UNIVERSITY

College of Education

B011 713-313-1282

Office of Student Affairs

3100 CLEBURNE AVENUE

HOUSTON, TX 77004

STUDENT CONCERN/COMPLAINT FORM

Name: _____

Address: _____

Email Address: _____

Student ID#: _____

Phone: _____

Date: _____

Semester: _____

Undergraduate

Graduate

Major: _____

Who received complaint: _____

Nature of Concern/Complaint: _____

Date of Incident: _____

Phoned ____ *Came-by* ____

Have you taken up your complaint with the person(s) involved?

Yes/No

If your answer is no to the above question, please explain why and explain with whom within the University, if anyone you have raised the matter?

Please indicate how you would like to receive your response. ____E-mail ____U.S. Mail

Please be as detailed as possible when giving names, dates, and places; include phone numbers and addresses if possible. Use additional paper if needed

Student Explanation _____

Witnesses _____

Comments _____

Student Signature

Date

Advisor/Reviewer Signature

Date

NOTE: Students are encouraged to begin their complaint/concern with the faculty member/involved party. When this is not the case, students should begin in the Student Advisement Center in the College of Education and speak with an advisor. At that time if the concern is not resolved, student will be referred to their department and various personnel on the flow chart to resolve their concern. In the last event, if the concern is not resolved in the College of Education, students are referred to the Graduate School, the Provost and/or the University Ombudsman.

Action or Resolution

Please attach copies of any documents that you consider relevant.

Student Signature

Date

**Assistant Dean
Student Affairs**

Date

Dean, College of Education

Date