WEST VIRGINIA STATE UNIVERSITY

STUDENT COMPLAINT FORM

Please complete the following information. Completed forms should be submitted to the Office of Enrollment Management and Student Affairs (130 Ferrell Hall). You will be provided with a copy of the form – dated and signed by staff.

Date Event Occurred: ____________________ WVSU Student ID Number: A ____________________

Student First Name: ____________________ Student Last Name: ____________________

Local Address: ________________________________________________________________

City: ____________________ State: _______ Zip Code: ____________________

WVSU 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 Addressing My Concern: (check one)
___You may use my name   ___You may use my name only after the end of the term
___You may not use my name

How did you find out about the Student Complaint Process?
______________________________________________________________________________
______________________________________________________________________________

Student’s Signature: ____________________ Date: ____________________

For Office Use: Form Received by: ____________________ Date Received: ______________