



STUDENT COMPLAINT FORM
Level III- REQUEST TO APPEAL LEVEL II RECOMMENDATIONS

I, _____, _____ am appealing the Level II recommendation(s)
(complainant's name) (print legibly) (Student ID #)
and request a Level III Hearing.

Name of Staff/Faculty and Department Named in This Complaint:

- 1. Is there any relevant, new evidence previously unavailable, which would substantially support this appeal? [] No [] Yes If yes, please attach all evidence.
2. Describe the verifiable grounds for this appeal from the Level II decision.
3. What remedy/solution do you propose?

Signature of Student: _____ Date: _____

This Box - For College Official's USE ONLY

Date Received: _____
Received by Staff: _____
Date of Level I Complaint Decision: _____; Date of Level II Complaint Decision: _____
Forwarded to Appropriate College Employee Date: _____
Forwarded to Staff Name: _____
Conference Date: _____ Conference Time: _____
Individuals in Attendance: _____
Written Response to Complaint Date: _____
Administrator's Name (print): _____
Administrator's Signature: _____
Administrator's Title: _____

cc: Dean of Students
Supervising Dean/Administrator