Appendix A: MUSC Student Complaint Form

To file a formal complaint, complete the form below. Please type or print legibly. You must sign the form. Submit college-related complaints to your college. Submit complaints regarding all other university services to the Associate Provost for Educational Affairs and Student Life. MUSC expects you to remain engaged in the review process. You may file a written complaint without fear of retaliation unless the complaint is filed without basis or with the intent to harm a member of the MUSC community. You may withdraw your complaint in writing at any time. The University or college may use the information you provide below to contact you.

Complainant Information
Name
Address
City/State/Zip
Telephone
Email

Status
☐ Current student
☐ Student on leave of absence
☐ Student – withdrawn (year of withdrawal _____)
☐ Student – graduate (year of graduation _____)
☐ Prospective student
☐ Other ________________________________

Description of the Issue/Concern  (Attach additional sheets and/or supporting documentation if needed.)
Date of event _____Month _____ Day _____Year
Location of event ________________________________
Staff/faculty/student(s) involved ________________________________
Witness(es) to the event name: ________________________________
(if none, please write “none”) email: ________________________________
telephone: ________________________________

Please provide a brief description of the complaint.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please describe the steps taken to resolve the issue/concern prior to submission of your written complaint.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please provide a description of the resolution (desired outcome) you consider acceptable.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
The information given in this complaint is true and accurate to the best of my knowledge.

I understand that the information I have provided will be considered by MUSC and used in an effort to resolve my complaint. I understand that this information will be shared only with those persons who are considered essential to the review of my complaint.

Signed _______________________________________________  Date _____________
Complainant

☐ Yes  ☐ No  I give MUSC permission to contact faculty, staff, and others who may have information relevant to my complaint.

If the complainant is not currently enrolled in a program at MUSC, this document must be notarized.

State of ___________________________________________  County of ________________________________

This instrument was acknowledged before me

on ________________________________  (Date)  Notary Seal or Stamp

By  ____________________________________
Name of Individual

Signed  ____________________________________
Signature of Notary Public

Title  ________________________________
Title