

Adler University Student Complaint Form

This complaint form is to be utilized for student complaints and student appeals. Once completed, please return to the Office of People & Culture by email to studentcomplaints@adler.edu.

1. STUDENT INFORMATION:

First Name: _____

Last Name: _____

Student ID #: _____

Academic Program: _____

Campus: Chicago

Vancouver

Online

Phone: _____

School Email: _____

Personal Email: _____

Additional Roles on Campus: Work Study

Adler Employee

2. NATURE OF THE COMPLAINT: Below, explain as briefly and clearly as you can, what happened. Please be sure to include the following, at a minimum:

- Dates, places, names and titles or persons involved and witnesses, if any;
- What explanation, if any, was offered for the act(s) by the respondent(s); and
- Attach any written documentation pertaining to this matter.

Explanation of complaint:

Adler University Student Complaint Form (continued)

3. BASIS OF YOUR COMPLAINT: Please indicate which policies you think apply to this complaint? (Please check all applicable items.)

- | | |
|---|--|
| <input type="checkbox"/> General Non-Discrimination and Anti-Harassment Policy | <input type="checkbox"/> Grade Appeal |
| <input type="checkbox"/> Title IX Sexual Harassment Policy (Chicago and Online) | <input type="checkbox"/> General Student Complaint |
| <input type="checkbox"/> Sexual Misconduct Policy (Vancouver) | <input type="checkbox"/> Student Appeal |

Have efforts been made to resolve this complaint?

- Yes No

If yes, please indicate the individual(s), date of complaint, and the status of the complaint.

4. SIGNATURE AND VERIFICATION: I affirm to the best of my knowledge or belief, the information contain herein is true and factual. Additionally, I understand that the effective date of filing this complaint is the date this form is physically received by the Office of People & Culture, I further understand that any person who knowingly provides frivolous, false or fraudulent information in a Fair Practices complaint may be subject to discipline. If applicable, I hereby authorize the release of any medical information needed for the investigation.

Student Signature: _____ Date: _____

Office Use Only:

Received by: _____

Signature: _____

Received date: _____

Respondent(s) notification date: _____

Investigative Report/Decision date: _____

Steps Taken to Resolve Complaint: _____

Was Report/Decision Appealed? Yes No

Appeal Date: _____

Final Decision Date: _____

List all attachments received with form: