

## Adler University Student Complaint Form

This complaint form is to be utilized for student complaints and student appeals. Once completed, please return by email to [studentcomplaints@adler.edu](mailto: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 Adler University, 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:**