



Submitted on (date and time): _____
Received by (initials): _____

INSTITUTE OF AMERICAN INDIAN ARTS
STUDENT COMPLAINT FORM

This form must be completed in its entirety for the Panel to review it.

Name: _____
Last
First
Middle Initial

On Campus Address:

Mailbox No: _____ E-mail Address: _____

Off Campus Address: _____

_____ City State Zip

_____ Home Phone Number Cell Phone Number

Before completing this form, please read the Student Complaint Process in the IAIA Student Handbook.

1. Name and Department of individual(s) against whom you are making this complaint:

_____ Name Department

2. Please describe your attempts, outlined in Step 1a of the Student Complaint Process in the IAIA Student Handbook, at informal resolution with this individual. Please include dates of conversations, calls, meetings, etc., and use additional pages if needed.

3. Please describe your attempts at informal resolution with this individual's department chairperson, administrative officer or supervisor as described in Step 1b of the Student Complaint Process in the IAIA Student Handbook. Please include dates of calls, conversations, meetings, etc., and use additional pages as needed:

4. Please describe how your status, rights or privileges have been adversely impacted by this problem. How is this behavior/action unauthorized or unjustified?

5. If the Student Hearing and Review Panel determine an investigation is warranted, a formal hearing will be scheduled. Please list below any witnesses you will want to appear on your behalf at the formal hearing:

Name of Witness(s)	E-Mail	Phone Number
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

What is the resolution you are seeking?

I attest that the information submitted in this request is complete, truthful and accurate.

Student's Signature

Date

9/21/15