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.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

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__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Submitted on (date and time):________________________________

Received by (initials):___________________

9/21/15
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:

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<th>Name of Witness(s)</th>
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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