



Student Complaint Form

Today's Date:		Program of Study:	
Name:		Student ID Number:	
Email:		Phone number:	

While this form does not provide an avenue for anonymous reports, the GTU reinforces its commitment to confidentiality: This information will only be shared with those in a position to help resolve the complaint or those responsible for tracking the progress of the resolution. [Student Complaints | Graduate Theological Union \(gtu.edu\)](https://www.gtu.edu/student-complaints)

Description of Complaint:

Please explain below or attach a detailed explanation of your complaint. Explain as clearly as possible why you are filing a complaint. Be sure to include all the necessary information (including names, dates, etc.) to support your statements so that your complaint can be appropriately addressed.

Please add the name of the employee that is involved in your complaint (if applicable):

Employee Name:

Date of Incident:

Attempts made to Resolve as an Informal Complaint:

Describe any efforts made to resolve the problem.

Statement of Desired Outcome:

Provide what resolution/outcome you would like to see.

Are you submitting any evidence or additional documentation with this form? 

☐ Yes ☐ No

If yes, please list the evidence to be submitted:

Declaration:

I confirm that the details provided on this form and any attached documentation is a true reflection of events to the best of my knowledge and it does not contain any false or fraudulent information.

Signature: _____ **Date:** _____

Completed forms should be submitted to Denise Morita, Manager of Student Services, at dmorita@gtu.edu, who will involve the necessary people to resolve the complaint. We cannot guarantee confidentiality, however, we will use discretion when looking into the complaint.

All complaints will be addressed within 10 business days of submission.

**FIRST LEVEL – FOR OFFICE USE
ONLY**

Date Received:

Result/Outcome:

- ☐ Informal resolution, met with student
- ☐ Forwarded to faculty for resolution
- ☐ Student did not request action, just be heard
- ☐ Complaint involved sexual harassment, discrimination, violence, or stalking and was forwarded to the Title IX Coordinator
- ☐ Other (explain):

Name: _____

Signature: _____ **Date:** _____

If necessary, forward information to second level administrator

SECOND LEVEL – FOR OFFICE USE ONLY

Date Received:

Result/Outcome:

Name: _____

Signature: _____ **Date:** _____