

## COMPLAINT INTAKE FORM

Please provide the requested information so that Parker can properly investigate and resolve your complaint. You are not limited to the space provided and may attach additional pages as needed. Please note that making frivolous and/or false complaints will result in disciplinary action.



### Complainant

Name \_\_\_\_\_

Department \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Respondent

Name \_\_\_\_\_

Student ID \_\_\_\_\_ Tri \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other Person(s) involved in complaint: \_\_\_\_\_

A. **Complaint** – Please separately list your complaint(s), with the relevant date(s), and identify any person(s) about whom you are complaining if applicable:

- 1.
- 2.
- 3.
- 4.

B. **Evidence** – Please identify and attach copies of all letters, notes, memos, diaries, calendars, reports, or other documents or items that support your complaint(s):

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

\_\_\_\_\_ Check here if the identified documents are being submitted with this form.

C. **Witnesses** – Please identify all individuals who know about the incidents you listed in Section A:

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

D. **Requested Actions**– Please state what actions you feel are appropriate to address the concerns you identified in Section A:

- 1.
- 2.
- 3.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of Student Affairs

\_\_\_\_\_  
Date Received

Type of Report: ☐ Grievance ☐ Academic and Professional Standards ☐ Involuntary Withdrawal