

# STUDENT COMPLAINT FORM



**Student Affairs**  
**Dean of Students**  
**Student Services Hub – 3<sup>rd</sup> Floor AUArts1407**  
14<sup>th</sup> Avenue NW, Calgary  
kimberley.neutens@auarts.ca

Please refer to the guide for [Student Complaints](#) on the Student Success Centre prior to filling out this form. This form is to be used to submit a formal student complaint and have been unable to satisfactorily resolve with the faculty, staff, students or others involved.

Please complete all fields so your complaint may be directed to the proper university officials. **Sign the form and send it to:** Office of Student Affairs, Attn: Dean of Students, [address noted above] or email to: Kimberley.neutens@auarts.ca.

Complaints may be submitted anonymously; however, unless you include your contact information and sign this form, Student Affairs will be unable to investigate your complaint or respond back to you regarding the subject matter. Please retain a copy of your complaint, including any attached materials, for your records. Do not send original documents, they will not be returned.

## SECTION-1 Personal Information

<b>First or Chosen Name:</b>		<b>Last Name:</b>	
<b>AUArts Student ID#:</b>		<b>Phone Number:</b>	
<b>Current Address:</b>			
<b>AUArts Email Address:</b>			
<b>Personal Email Address:</b>			

## SECTION-2 Information about your Complaint

<b>First date on which the events or issues occurred:</b>	
<b>Name(s) of person(s) involved:</b>	

<b>What attempts have you made to resolve this complaint up to now?</b>
<b>What Resolution would you consider fair? What do you seek?</b>
<b>Is there any person whom you do NOT want to be advised of this complaint? Please keep in mind that it may be difficult to resolve if those involved cannot be advised.</b>
<b>Why do you think the complaint was not able to be resolved in prior attempts?</b>

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<b>What Resolution would you consider fair? What do you seek?</b>

NOTE: RETALIATION AGAINST A STUDENT FORMAKING A COMPLAINT IS ABSOLUTELY PROHIBITED AND WILL BE CONSIDERED A SERIOUS VIOLATION OF PROFESSIONAL RESPONSIBILITY.

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I grant permission for this complaint to be forwarded to Student Affairs officials for purposes of investigation and response.

<b>Complainant Signature:</b>	
<b>Date:</b>	