

**Student Complaint Form  
Metropolitan State University of Denver**

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ ID#: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name(s) of relevant faculty/staff involved:

1.

2.

3.

Date(s) of incident(s): \_\_\_/\_\_\_/\_\_\_; \_\_\_/\_\_\_/\_\_\_

Location:

**Please list any other faculty or staff that you have met with regarding this complaint up until now, and the results of that meeting(s).**

**Describe in detail your complaint and if applicable, violations of University policy.**

**What resolution do you feel is appropriate?**

**Submit this form to the appropriate faculty or administrative supervisor as mentioned in the policy. For assistance contact the Student Conflict Resolution Coordinator at 303-615-0220.**