

**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 Services at 303-615-0220.