WEST VIRGINIA STATE UNIVERSITY

STUDENT COMPLAINT FORM

Please complete the following information. Completed forms should be submitted to the Office of Enrollment Management and Student Affairs (130 Ferrell Hall). You will be provided with a copy of the form – dated and signed by staff.

Date Event Occurred:	WVSU Student ID Number: A
Student First Name:	Student Last Name:
Local Address:	
City:	State: Zip Code:
WVSU Email Address:	Telephone Number:
Check One:	
Former StudentCu	rrent StudentFuture StudentOther
Identify the category of your complaint	t (check all that apply):
ServiceBu	ilding (Facilities)Coursework
Individual (Personal)Ted	chnologyOther
	cific regarding Who, What, When and Where.) Indicate the second of the
When Addressing My Concern: (check	one)
You may use my nameYouYou may not use my name	u may use my name only after the end of the term
How did you find out about the Studen	t Complaint Process?
Student's Signature:	
For Office Use: Form Received by:	Date Received: