

Student Grievance Form **Student to Student**

Complainant's Name (print): _____

Last

First

M.I.

Student ID #: _____ Telephone () _____

Address _____

City

State

Zip

Office/Department/Individual Involved: _____

Complaint Taken by: _____

Reason for Complaint: _____

Are there other pages or documents attached

 YES NO

Complaint Resolved

 YES NO

Date _____

Resolution: _____

Transferred to: _____

NAME

DEPT.

DATE

Signature of Staff Recording Complaint _____ Date _____

Signature of Complainant _____ Date _____

As per Article XV of the CUNY bylaws, Section 15.4. The preliminary investigation shall be concluded within thirty (30) calendar days of the filing of the complaint, unless: (i) said complaint involves two or more complainants or respondents; or (ii) said complaint involves a matter that is also under investigation by law enforcement authorities. In those cases, the preliminary investigation shall be completed within sixty (60) calendar days.