



North Carolina Central University

NCCU Online

Student Complaint Form

NOTE: Asterisks (*) indicate required form fields.

| | | | |
|---|--|--------------------|--|
| First Name*: | | Last Name*: | |
| Banner Number*: | | | |
| Address*: | | City*: | |
| State*: | | Zip Code*: | |
| E-Mail Address*: | | Phone*: | |
| Major*: | | Classification*: | |
| Type of Complaint*: | | | |
| Date of Incident*: | | Time of Incident*: | |
| Location of Incident*: | | | |
| Name Parties Involved*: | | | |
| Incident Summary*: | | | |
| If there were any witnesses, list their names here: | | | |



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If this incident has occurred before, please give details of previous occurrence(s):

If you have attempted to resolve this incident before, what were the results?

What is the desired resolution you are seeking for this incident? *

Please share any additional information you would like considered.

I attest that all information provided is true and accurate to the best of my knowledge. I understand that a false statement on this form constitutes furnishing false information under Article II, Section 2.01(K) of the Student Code of Conduct. Any false statement may also be grounds for sanctions determined by the Office of Student Rights and Responsibilities.