



**MOUNT MARTY**  
UNIVERSITY

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

MMU Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

Nature of the complaint/concern: \_\_\_\_\_

Please describe in detail below the incidents(s) about which you wish to submit a complaint, providing as much information as possible regarding date, time, location and specifics including names of people involved in the incident. Provide additional pages as necessary.

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Please note this form is not meant to replace the process required by an Academic Grievance. Those processes for contesting grades or course credit are outlined in the Academic Grievance Procedures found in the current course catalog and are administered separately as delineated in the Procedure document.

A separate policy and procedures are in place for handling complaints of sexual harassment. Complaints concerning sexual harassment by a member of the university faculty, staff or students toward other members of the campus community are directed to the Title Coordinator. Any complaint about employees of the university may result in an internal investigation, the contents of which may not be made public, even to the person originating the complaint in order to protect the rights of the accused party.

In submitting this form to the VP for Student Success, I, the undersigned student, acknowledge that I may be held liable for any false statement, and that submitting a false statement to an officer of the university is a violation of the Student Community Code of Conduct, punishment by sanctions approved in the Mount Marty University Student Conduct policy.

Student Signature: \_\_\_\_\_

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