



COMPLAINT FORM

Name of Complainant: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Current Telephone Number: _____

Please Indicate Campus: Main Campus College of Aeronautics Online Campus

Nature of Complaint:

Statement of Actions Needed To Resolve Complaint:



INSTRUCTIONS: Refer to Hallmark University Catalog—Student Grievance/Complaint Policy:

Please complete the above information. If necessary, please attach an additional page if more space is needed for the nature of the complaint or for the statement of actions needed to resolve the complaint.

- The statement should include a description of the events or circumstances upon which the complaint is based and the name(s) and title(s) (if any) of the individuals involved.
- In order for a complaint to be processed by Hallmark University, you must sign and date this Complaint Form. In addition, please fill in the name of the person to whom the complaint form will be given.
- Documentation must be provided to support any allegation of the claimed violation of any Hallmark University Policy.
- All complaints must be filed within (3) business days of the incident or dismissal and all appeals will be answered within five (5) days.
- Issues regarding sexual harassment or discrimination will be referred to the Director of IE/Compliance, Director of Student Life & Development, Associate Dean of Student Success, or the VP of Academic affairs.

Note: All complaints will receive prompt and fair consideration of the complaint. Students will be given the opportunity to address an issue one level above the person whose action is being contested. The process may vary depending upon the area of concern but will generally involve several possible steps to reach a resolution.

The above Complaint Form was submitted by:

Student's Name—Please PRINT

Date Submitted

Student's Signature

Submitted to