**ACADEMIC/ADMINISTRATIVE**

**COMPLAINT AND APPEAL FORM**

**This electronic form is used for academic/administrative complaints and appeals. To select the appropriate office to begin the process, students should consult procedures for complaints and appeals found at** <https://twu.edu/academic-affairs/academic-complaints-appeals/>. **The procedures provide directions for the sequence of offices each type of complaint or appeal should follow to a final decision.**

**The student should complete this form electronically and submit via e-mail to the appropriate office within 10 days of the occurrence of the complaint. Addendums are permissible to concisely document the complaint and may be attached to the e-mail or delivered in person to the corresponding office. Your typed name and your email address will substitute for your signature. Please print a copy of the completed document at each level for your records.**

**DATE OF INITIAL SUBMISSION:** Click here to enter a date.

**STUDENT INFORMATION:**

 **Name:** Click here to enter text.

 **Student ID:** Click here to enter text.

 **Local Mailing Address:** Click here to enter text.

 **E-mail:** Click here to enter text.

**Phone:** Click here to enter text.

**Major:** Click here to enter text.

**Level:** Choose an item.

**TOPIC OF COMPLAINT:** Choose an item.

**DATE COMPLAINT OCCURRED:**  Click here to enter a date.

**GRADE APPEALS ONLY (leave blank if not applicable):**

 **Name of Faculty Member/Instructor:** Click here to enter text.

 **Academic Component:** Click here to enter text.

 **College:** Choose an item.  **Course Prefix/Number/Section:** Click here to enter text.

 **Course Title:** Click here to enter text.

 **Semester:** Choose an item. **Year:** Click here to enter text.

**SEQUENCE OF STEPS TO ADDRESS COMPLAINT OR APPEAL**

**STUDENT**

**THE COMPLAINT/APPEAL - Please describe the complaint/appeal concisely.**

Click here to enter text.

**THE REQUEST - Please state exactly what you want the faculty or others to do about the complaint/appeal.**

Click here to enter text.

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| **LEVEL 1 RESPONSE****Date electronically submitted to Instructor/Office:** Click here to enter a date.**INSTRUCTOR/OFFICE:** Click here to enter text.**Please respond to the complaint/appeal above and return to the student via e-mail within 10 days.** Click here to enter text. **Instructor’s or Administrator of Office Name:**  Click here to enter text.**Date returned via e-mail to the student:**  Click here to enter a date.**Print a copy of this document for the office’s records.** |
| **STUDENT (to be completed by student)****Is complaint/appeal addressed satisfactorily? [ ] Yes [ ] No****Student’s Name:** Click here to enter text.**Date:** Click here to enter a date.**If complaint/appeal is addressed satisfactorily, this concludes the process.** **If not addressed satisfactorily, the student may stop the process or submit this form via e-mail to the Level 2 office (if applicable) within 10 days for a response.** |

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| **LEVEL 2 RESPONSE (to be completed by administrator only)****Date electronically submitted to Administrator/Office:** Click here to enter a date.**ADMINISTRATOR/OFFICE:** Click here to enter text.**Please respond to the complaint/appeal above and return to the student via e-mail within 10 days.** Click here to enter text. **Administrator’s Name:**  Click here to enter text.**Date returned via e-mail to the student:**  Click here to enter a date.**Print a copy of this document for the office’s records.** |
| **STUDENT (to be completed by student)****Is complaint/appeal addressed satisfactorily? [ ] Yes [ ] No****Student’s Name:** Click here to enter text.**Date:** Click here to enter a date.**If complaint/appeal is addressed satisfactorily, this concludes the process.** **If not addressed satisfactorily, the student may stop the process or submit this form via e-mail to the Level 3 office (if applicable) within 10 days for a response.** |

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| **LEVEL 3 RESPONSE (to be completed by administrator only)****Date electronically submitted to Administrator/Office:** Click here to enter a date.**ADMINISTRATOR/OFFICE:** Click here to enter text.**Please respond to the complaint/appeal above and return to the student via e-mail within 10 days.** Click here to enter text. **Administrator’s Name:**  Click here to enter text.**Date returned via e-mail to the student:**  Click here to enter a date.**Print a copy of this document for the office’s records.** |
| **STUDENT (to be completed by student)****Is complaint/appeal addressed satisfactorily? [ ] Yes [ ] No****Student’s Name:** Click here to enter text.**Date:** Click here to enter a date.**If complaint/appeal is addressed satisfactorily, this concludes the process.** **If not addressed satisfactorily, the student may stop the process or submit this form via e-mail to the Level 4 office (if applicable) within 10 days for a response.** |

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| **LEVEL 4 RESPONSE (to be completed by administrator only)****Date electronically submitted to Administrator/Office:** Click here to enter a date.**ADMINISTRATOR/OFFICE:** Click here to enter text.**Please respond to the complaint/appeal above and return to the student via e-mail within 10 days.** Click here to enter text. **Administrator’s Name:**  Click here to enter text.**Date returned via e-mail to the student:**  Click here to enter a date.**Print a copy of this document for the office’s records.** |