THE UNIVERSITY OF NORTH CAROLINA
AT PEMBROKE

STUDENT COMPLAINT FORM

The University of North Carolina at Pembroke is committed to addressing student complaints. In accordance with UNC Pembroke Student Grievance Policy on the informal resolution of student grievances, students are encouraged to discuss their complaints directly with the person responsible. If the issue is not or cannot be resolved through discussion with the responsible person, then the student should complete this form and submit it to department chair or supervisor of the person against whom the complaint is to be made. Every effort will be made to respond to the complaint in an appropriate manner.

Students should consult the following policies for specific complaint procedures pertaining to these areas:

Academic Honor Code
Code of Conduct
Student Grievance Policy
Policy Prohibiting Illegal Harassment and Discrimination
Student Grievance Policy for Students with Disabilities
Sexual Harassment Policy
Sexual Assault Policy
Inspection and Release of Student Records
Undergraduate Grade Appeals Process
Suspension Appeals
Residency Appeals
Financial Aid Appeals

NAME: ____________________________________________

BANNER ID: _______________________________________

DATE: ___________________________________________

ADDRESS: _______________________________________

TELEPHONE: _______________________________________

EMAIL: ___________________________________________

YOUR COMPLAINT:
Please briefly describe below the nature of your complaint.

_________________________________________________________________________________________
WHAT HAVE YOU DONE TO RESOLVE YOUR COMPLAINT?
Explain briefly what steps you have taken to resolve your complaint. If you have not attempted to
resolve your complaint in the person responsible, it will be referred to the relevant department for
resolution. Specify the dates and the persons to whom you made the complaint.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

REMEDY:
What would you like done about your complaint? Explain briefly what you might consider to
be a satisfactory resolution/remedy to your complaint.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

YOUR SIGNATURE: ________________________________

DATE: ______________________

FOR OFFICE USE ONLY:

RECEIVED BY: ________________________________

DATE: ______________________

DISPOSITION/RESOLUTION:

Administrative Actions Taken:
Final Results: