

**University of Maryland Eastern Shore
Student Complaint Form**

Please complete the following information. If hand delivered, please ask for a date stamped copy of this form.

Today's Date: _____ Date of Occurrence: _____

Students Name: _____ Student ID No.: _____

Cell Phone: _____ Campus email: _____

Addresses:
Campus Building: _____ Room/Suite: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

- | | |
|--|--|
| Check One: | Identify the category of your concern/complaint (check all that apply) |
| <input type="checkbox"/> Current Student | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Former Student | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Future Student | <input type="checkbox"/> UMES Instructor/Staff |
| <input type="checkbox"/> Other | <input type="checkbox"/> Safety |
| | <input type="checkbox"/> Housing |
| | <input type="checkbox"/> Technology |
| | <input type="checkbox"/> Other |

Describe the issue, concern/complaint. (Be specific concerning who, what, when and where, list witnesses; attach additional sheets if needed.)

Have you discussed your concern/complaint with the person(s) involved? (If yes, please describe the outcome.)

Resolution sought as a result of the concern/complaint:

Do you wish to remain **ANONYMOUS** for this concern/complaint?

- Yes, do not use my name
 No, you may use my name

Student's Signature: _____

Form Received by: _____ Date: _____