

**Dillard University
Public Policy Complaint Form**

In the event of a grievance/concern/issue with the University, the person should complete the form below. **EACH RESPONDENT MUST RESPOND WITHIN 15 BUSINESS DAYS OF THE RECEIPT OF THE GRIEVANCE.**

_____ Date of report of grievance Date of resolution of grievance _____

Complainant's Name _____ Email _____ Phone _____

I. COMPLAINANT INFORMATION

Write a brief statement explaining the nature of your complaint, including any prior actions (use additional sheets if needed):

II. COMPLAINT DOCUMENTATION

List the documents that support your position (Do not submit originals):

Signature: _____ Date: _____

Name of person against whom complaint was filed: _____

Vice President _____ Email: _____ Phone: _____

_____ Action Taken or Action Promised (use additional sheets if needed):

Documents that support the response (list them here and attach copies. Do not submit originals):

Signature: _____ Date: _____

Second Respondent's Name: _____

Title: _____

Email: _____ Phone: _____

Name of Supervisor: _____

_____ Action Taken or Action Promised (use additional sheets if needed):

Documents that support the response (list them here and attach copies. Do not submit originals):

Signature: _____ Date: _____

Third Respondent's Name: _____ Title: _____

Email: _____ Phone: _____

Name of Supervisor: _____

_____ Action Taken or Action Promised (use additional sheets if needed):

Documents that support the response (list them here and attach copies. Do not submit originals):

Signature: _____ Date: _____

Fourth Respondent's Name: _____ Title: _____

Email: _____ Phone: _____

Name of Supervisor _____

_____ Action Taken or Action Promised (use additional sheets if needed):

Documents that support the response (list them here and attach copies. Do not submit originals):

Signature: _____ Date _____