



UNIVERSITY OF NORTH TEXAS™
 DEAN OF STUDENTS

Student Complaint Form

Name of Student Making Complaint: _____

ID #: _____ Phone Number: _____

Address: _____
 (Street Address) (City) (State) (Zip)

E-Mail Address: _____

If filing a complaint about a student, please fill out the following information (if known) regarding that a person:

Name of Student: _____ Phone Number: _____

Address: _____
 (Street Address) (City) (State) (Zip)

E-Mail Address: _____

Complaint: _____

 Signature of Person Making Complaint

 Date

Privacy Act Notice: State law and university policy, with limited exceptions, allows you to be informed of information the University collects about you, to review and obtain the information on this form and to correct any information you believe is incorrect.