Date event occurred: ____________________________________________

Student’s first name: ____________________________________________

Student’s last name: ____________________________________________

RU email address: ____________________________________________@radford.edu

Course name and section (if applicable): ___________________________ AM PM (Circle one)

Name of person or office: _______________________________________

Identify the category of your complaint: (Check all that apply)

_____ Service  _____ Building  _____ Individual (instructor, staff person, student)
_____ Coursework  _____ Rules  _____ Other

Describe the issue or concern: (Be specific regarding who, what, when, and where)

Have you talked with the person involved regarding your concern?
(If yes, please describe the outcome.)

Signature: ________________________________________________

Today’s date: