

California Arts University

Student Complaint/Grievance Procedure Form

4100 W. Commonwealth Ave. #101, Fullerton, CA 92833

Phone: 213-700-7575 / 714-222-110 Website: www.cauniv.edu E-mail: info@cauniv.edu

To be Completed by the Student:

(Please note that a discussion with your professor/program director should take place prior to completing this form)

Student Name: _____

Phone #/Email address: _____ / _____

Program: _____

Student ID: _____

Complaint/Grievance Information

Retaliation against an individual filing a grievance is strictly prohibited and constitutes a violation of University policy, which may result in disciplinary action, including dismissal/expulsion.

Date of Incident: _____

Name of individual and/or department against whom the complaint/grievance is filed:

Please describe your complaint. *(Include specific details—i.e., who, what, etc.). Attach separate sheet if necessary:*

Students are encouraged to discuss their concerns and complaints through informal conferences with their professor/program director. Have you made the attempt to resolve this complaint or grievance with the individual and/or department involved? Yes No
If yes, describe the outcome: (Attach any additional comments, if necessary):

Student Signature _____ Date _____

For Office Use Only

Step 1: 1st Level Corrective Action

Date Complaint Received: _____

School Officer: _____

Corrective Action Taken:

Date Decision Sent to the Student: _____

Step 2: 2nd Level Corrective Action

Date Complaint Received: _____

School Officer: _____

Corrective Action Taken:

Date Decision Sent to the Student: _____

Step 3: 3rd Level Corrective Action

Date Complaint Received: _____

School Officer: _____

Corrective Action Taken:

Date Decision Sent to the Student: _____