COLLEGE OF
Saint Benedict Saint John's
UNIVERSITY

1.23a Student Complaint Form

Name (optional): _____ Phone Number: _____
Print Legibly

Date of Incident: _____ Current Date: _____

- *Please note that your name is kept confidential.*
  If you provide your name, the Executive Director may follow-up with you about your complaint and take any appropriate action.

Please describe the circumstances surrounding the situation, and your particular complaint/concern. Please give as much detail as possible.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ *Thank you for your feedback.*

RETURN VIA CAMPUS MAIL OR US MAIL TO:

Mike Ewing, Ph.D., LP
Executive Director, Well-Being Center
CSB/SJU Health Services
Lottie Hall 010
St. Joseph, MN 56374