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: ______________

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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 __________________________