Bay Atlantic University 1510 H Street NW Washington, DC 20005

Student Complaint Form

To file a complaint please fill out and email this form to studentservices@bau.edu or mail it to the Student Services Office at the address listed above.

# Person Filing Complaint

Last Name: First:

Address: City: State: Zip: Phone Number: Email:

## CHECK THIS BOX IF YOU WANT TO REMAIN ANONYMOUS

**Information About the Department Your Complaint is Against**

Name of Department:

# Enrollment Information

Student Name while Enrolled: Name of Degree Program:

Enrollment Dates:

Student Status:

* Currently Enrolled ☐ Withdrawn ☐ Terminated ☐ Graduated ☐ None of the Above Graduation or Expected Graduation Date:

## Details of Complaint

Please provide details of your complaint. Include dates, persons, and any pertinent information to resolve your complaint. Use additional pages if needed.

Have you attempted to resolve this matter with the department/office of BAU? Yes ☐ No ☐

If yes, whom did you speak with?

Name: Title:

Phone Number: Date of Communication:

What were the results of this communication? Use additional pages if needed.

What is your desired outcome? Use additional pages if needed.