



### Cumberland University Complaint Form

Date of Incident: \_\_\_/\_\_\_/\_\_\_

Date of Report: \_\_\_/\_\_\_/\_\_\_

Name of Complainant\*: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Respondent(s)*:	E-Mail Address:	Campus Address:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please document the facts of this situation.** Describe in your own words what happened, where, when, listing events in chronological order. Describe how you were affected. Please attach a separate page in order to fully document the event(s).

Name of Witness(es):	E-Mail Address:	Campus Address:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Supporting Documents Attached: \_\_\_\_\_ Pages

I understand that the information written above and the information attached may be used in CU Conduct or Disciplinary Proceedings. By signing below, I affirm that to the best of my knowledge, all information is accurate.

_____ Signature of Complainant(s)	_____ E-Mail Address	_____ Campus Address
_____ CU Official Receiving Complaint	_____ Title	_____ Date Received

\* The "Complainant" is the person bring this complaint. The "Respondent" is the student, faculty, staff, or administrator against whom the complaint is brought.

Please deliver the completed form to the Dean of Students Office, Labry Hall 206, or e-mail it to Lisa Macke at [lmacke@cumberland.edu](mailto:lmacke@cumberland.edu).