



EAST TENNESSEE STATE UNIVERSITY

STUDENT COMPLAINT APPEAL FORM B

Submit this form, *Student Complaint Appeal Form B*, along with *Student Complaint Appeal Form A* and the original *Student Complaint Form* **via email attachment** to the appropriate vice president for due process review. You must submit this form within ten working days from the date of the decision you are appealing.

Your Name (Last, First, Middle):		Student ID#:	
Address: (Street/City/State/Zip)		E-mail Address:	
Area Code, Home Phone #:	Area Code, Work Phone #:	Area Code, Cell Phone #:	

Date Appeal Submitted:

Reason for Appeal:

Please retain a copy of this form for your records.

Response

The appropriate vice president will complete this portion of form B, send it **via email attachment** to the student, and retain a copy.

Name of Vice President Responding to Complaint:
Division:

Department/Unit:

Decision:

Date: