



EAST TENNESSEE STATE UNIVERSITY

STUDENT COMPLAINT APPEAL FORM A

Submit this form and the *Student Complaint Form* **via email attachment** to the appropriate academic dean, graduate dean, or next level non-academic administrator for review. You must submit your appeal 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.

Administrative Response

The appropriate dean or administrator will complete this portion of the form and send the entire form **via email attachment** to the student. The administrator will retain a copy of the completed complaint appeal and response form.

Name of Administrator Responding to Complaint:

Administrator's Title:

Department/Unit:

Decision:

Date:

STUDENT: If you wish to appeal this decision, you must submit your appeal within ten working days from the date stated above. Complete *Student Complaint Appeal Form B* and submit it, along with the completed *Student Complaint Appeal Form A* and the original *Student Complaint Form*, via email attachment to the appropriate vice president.