

**SAN DIEGO STATE UNIVERSITY STUDENT COMPLAINT FORM**  
**for Complaints Involving Accommodation for Disabilities**  
**and/or Student Records Access and Disclosure**

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**INSTRUCTIONS:** Please provide all the information requested. Be as specific as possible when discussing incidents. Include the date(s) the incident(s) occurred, the name(s) of the person(s) involved, and the name(s) of those who may have witnessed the incident. Your complaint is not limited to the space provided. You are encouraged to attach additional materials, which may assist in the investigation process.

*Please be aware that the information you provide is considered sensitive and will be shared only with those persons who are considered essential to the investigation and disposition of this complaint.*

It is the expectation of the University that those who file a complaint will remain active and cooperative in the investigation process.

**BACKGROUND INFORMATION**

Name of Student:

Email Address:  Contact Phone No.:

Campus Address:

Permanent Address:

Red ID Number:

Status:  Undergraduate Student  Graduate Student

Major:

Ethnicity:  African American  Caucasian  Date of Birth:   
 American Indian  Hispanic/Latino  Gender:  Male  Female  
 Asian  Other:

\_\_\_\_\_  
Student Signature Date

NOTE: The formal investigation of your complaint cannot begin until this form has been received, dated, and signed by the appropriate office (see *Campus Procedures*).

Received by:

Department:  Date:

\_\_\_\_\_  
Signature Date

**A. Type of Complaint.** (Please check all that apply)

Accommodation for Disability

Records Access and/or Disclosure

**B. Most recent date of attendance at, or application to, SDSU:**

**C. Most recent date of incident:**

**D. Respondent(s)** (Person(s) who allegedly violated your rights under the *Campus Procedures*):

Name:  Phone No.:

Address:  Zip:

City/State:  Office Phone No.:

Department:  Position:

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Name:  Phone No.:

Address:  Zip:

City/State:  Office Phone No.:

Department:  Position:

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**E. Witness(es):**

Person's Name:  Contact Phone No.:

Title:  Department:

Person's Relationship to You:

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Person's Name:  Contact Phone No.:

Title:  Department:

Person's Relationship to You:

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Person's Name:  Contact Phone No.:

Title:  Department:

Person's Relationship to You:

**F. Summary of complaint.** (Please be as detailed as possible when giving names, dates, and places; include phone numbers and addresses, if possible. Use additional paper, if needed.)

**G. Action or resolution.**

If you believe that you have been the victim of a crime (including assault, sexual assault, or other sexual violence) and you would like to file a criminal complaint, you should contact the San Diego State University Department of Public Safety, 619-594-1991, 5500 Campanile Drive, DPS Building.