

Advisor Complaint Form

Complaint made by:

Name of RSO:

Name of Advisor:

Contact Information:

Signature: _____

Date:

Nature of Complaint (Check All that Apply)

- | | |
|--|--|
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Neglecting Advisor Duties |
| <input type="checkbox"/> Harassment/Bullying* | <input type="checkbox"/> Violation of Advisor Contract |
| <input type="checkbox"/> Harassment (Sexual)* | <input type="checkbox"/> Overstepping Role as Advisor |
| <input type="checkbox"/> Failure to Comply with University Policy/Procedure* | <input type="checkbox"/> Favoritism/Preferential Treatment |
| <input type="checkbox"/> Promoting harmful RSO culture | <input type="checkbox"/> Contact/Communication Issues |
| | <input type="checkbox"/> Other: _____ |

*Note: this type of complaint violates University policy and may have legal implications. The complaint will be reported to the appropriate University officials (ex: Title IX Coordinator).

Complaint Details*:

*Don't forget to attach documentation, if possible. Documentation will help the OSE investigate the complaint in a timely manner.

Desired Action Outcomes

Examples of desired actions: Mediated conversation between advisor & an employee of the Office of Student Engagement, removal of role, additional action by University and/or police, sensitivity training workshops, review of advisor expectations & training modules, etc., etc.

Form Accepted by: _____

Signature: _____

Date: _____