

Milligan University Student Complaint Form

Please complete, download, and submit this form to the appropriate senior administrator listed in the process outlined at www.milligan.edu/about/concerns/.

Section 1: Personal Information

Your full legal name (as enrolled): _____

Preferred Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Your preferred email address: _____

Telephone Number: _____

Section 2: Information about your complaint

First date on which the events or issues occurred: _____

Name(s) of the person(s) involved: _____

Please describe your complaint in detail. Include the names of persons, locations, and dates involved. If this complaint is against specific person(s), please list their names and titles.
