

# Dispute Filing/Resolution

Prior to completing this form, please be sure to familiarize yourself with Dallas Int'l's Grievance Policy, which can be found both in the Dallas Int'l Catalog and on Dallas Int'l's website at <http://www.diu.edu/grievances/>. Once the issue is resolved, please send a copy of the filled out form to [dean-students@diu.edu](mailto:dean-students@diu.edu) for statistical purposes.

**Information about you (the Complainant)**

**Date submitted:** \_\_\_\_\_

- Student     
  Faculty     
  Staff     
  Administration     
  Public

Last Name: \_\_\_\_\_ Address: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Your complaint**

Name of the person/nature of the situation about which you have a complaint:

Please tell us about your complaint. Please include **1) a chronological history** of the events including the date, time, and location on which specific events occurred and **2) a description of the measures you have already taken** in attempt to resolve this situation. If more space is needed, please include the information on a separate sheet and attach it to this form.

Date and Time	Location	Incident/Event

What remedy are you seeking as a result of your complaint?

Note: Please refer to the appropriate grievance policies and procedures to identify important deadlines involved in addressing complaints.

Student, staff, and faculty members involved:

Please make accurate records of actions taken in addressing the complaint presented on the front of this form.

Please include the following required information:

1. Date that the complaint was received in your office and dates of actions taken in response
2. Action taken upon receipt of the complaint
3. Conclusion reached/action taken to resolve the complaint
4. Response of complainant
5. Description of any further action taken/required
6. Any other notes deemed helpful/necessary

\*If more space is needed, please include the information on a separate sheet and attach it to this form. Please also attach to this sheet any complaint forms previously submitted by this complainant about this complaint. Otherwise, attach a summary of the complaint history (if previously reported to another individual).

Date	Persons Involved	Action Taken	Resolve Y/N	Faculty initials	Cmplnant initials

**Signature of person who has resolved this complaint:**

**Date:** \_\_\_\_\_

**Signature of complainant that issue is resolved:**

**Date:** \_\_\_\_\_

Please keep this form with a record of any further actions taken by complainant.