



**Student Complaint Form**

Name (optional): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
*Print Legibly*

Date of Incident: \_\_\_\_\_ Current Date: \_\_\_\_\_

*❖ Please note that your name is kept confidential.  
If you provide your name, the Executive Director may follow-up with you about your complaint and take any appropriate action.*

Please describe the circumstances surrounding the situation, and your particular complaint/concern.  
Please give as much detail as possible.

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*Thank you for your feedback.*

**RETURN VIA CAMPUS MAIL OR US MAIL TO:**  
Emily Rath, APRN, CNP  
Executive Director, Well-Being Center  
CSB/SJU Health Services  
Lottie Hall 010  
St. Joseph, MN 56374