CARDINAL STRITCH
UNIVERSITY

Complaint Form

Please complete the following:

Name: _____

Student ID (if applicable): _____

Email: _____

Address: _____

Phone number: _____

Please select the College in which you are enrolled (if applicable):

☐ College of Arts and Sciences

☐ College of Business and Management

☐ College of Education and Leadership

☐ College of Nursing

☐ Don't Know

Please describe, including as much detail as possible, the nature of your complaint.

With whom have you tried to resolve this complaint? (if applicable)

What were the results of any previous attempts to resolve? (if applicable)

This form can be returned to:
Dean of Students, Box 521, 6801 N. Yates Road, Milwaukee, WI 53217