Formal Complaint Procedure

The Department of Materials Science and Engineering (MSE) is committed to fair treatment of its community members and, additionally, is open to comments and suggestions for improvement. Individuals are encouraged to seek an informal resolution of the matter directly with the groups or individual(s) involved when possible. For matters where a resolution is not feasible, a formal Complaint Form can be completed and filed with the MSE office in ELB 231. A formal complaint must be submitted in writing using this form.

The information you provide will be treated as personal and sensitive, but is not confidential. This means that MSE will not volunteer or deny any of the provided information to law enforcement or other University investigative bodies. It may be shared on a need-to-know basis with other offices.

Steps to complete:

1. Please complete the following form in its entirety with correct information to the best of your ability and knowledge.

2. Turn in the completed form to MSE in one of two ways:
   a. In-person hard copy delivered or sent to ELB 231, (Box 19031)
   b. Scan and email to Beth Robinson, Support Specialist, MSE at beth.robinson@uta.edu.

3. You should be contacted (via email or phone) within 72 business hours to confirm that the formal complaint has been received.

4. Upon receipt of the complaint, the form is reviewed and forwarded to the appropriate office based on the subject matter as articulated in the form.

Note:

If your complaint involves the Chair, MSE, it will be given to the Associate Chair, MSE. If your complaint involves both the Chair and Associate Chair, MSE, your complaint will be sent to the Dean, College of Engineering.
Date:__________________________________

Name:___________________________   Student ID:________________________
Address:__________________________
Phone Number:____________________
Email Address:____________________

Incident Information:
Name of group or individual(s) to whom the complaint is being filed:________________________
Location of incident:____________________   Date of incident:____________________

Statement of Complaint:
(Please describe in your own words and in detail, what happened. Include the appropriate names, departments, and/or groups involved. List any injuries or damage suffered and any other relevant information. Attach documents (photos, reports, e-mail, etc.) that are related to your complaint.)

________________________________________________________________________
________________________________________________________________________
AFFIDAVIT

I, ________________________________ (name) attest that the information and facts provided in this document are true to the best of my knowledge.

___________________________________________  ______________________
(Complainant Signature)                      (Date)

For office use only

<table>
<thead>
<tr>
<th>Complaint received date:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Complaint received by:</td>
<td></td>
</tr>
<tr>
<td>Confirmation e-mail sent to complainant:</td>
<td>Date:</td>
</tr>
<tr>
<td>Referred to:</td>
<td>Date:</td>
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</tbody>
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Resolution Notes: