

NEIU Dean of Students Office
Request for Formal Review of a Student Complaint

Name of Student: _____

I.D.# _____ Date: _____

Telephone: _____

E-Mail: _____

Hours Completed: _____ Major: _____

Complaint

[Attach additional pages of your description as needed and copies of all relevant documents.]

Proposed Resolution:

Return the request to the NEIU Dean of Students Office, 5500 N. St. Louis Ave., B 119,
Chicago, IL 60625-4699.

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Official use only:

Administrative Case Manager: _____

Follow-Up: *(To be completed by the Administrative Case Manager)*