

Bethesda University

730 North Euclid Street, Anaheim, California 92801 Tel: (714)683-1212, Fax: (714)683-1205

COMPLAINT FORM

1. Complainant Information

| Name | | | ID Number | | |
|-----------------------------|----------|----------|-----------|---------|--|
| Part (Circle one) | Student, | Faculty, | Employee, | Visitor | |
| Phone Number | | | E-mail | | |
| 2. Description of Complaint | | | | | |
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| | | | | | |
| Signature: | | | Date: | : | |
| 3. Complaint received by | | | | | |
| Name: | | | Date: | | |



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4. Resolution of Complaint

| 1. Result of Investigation | |
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| 2. Action Taken : | |
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| Name of Investigating Official: | |
| | |
| Signature of Investigating Official | Date: |