

**PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RICO**  
Vice Presidency of Student Affairs  
2250 Boulevard Luis A. Ferré Aguayo, Suite 582  
Ponce, Puerto Rico 00717-0777

## STUDENT COMPLAINT FORM

### I. Information of the person filing the complaint

Name: \_\_\_\_\_ Date \_\_\_\_\_  
Both Surnames, Name (month- dd-yy)

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relation with the PUCPR:

\_\_\_\_ student \_\_\_\_ faculty \_\_\_\_ administrative staff  
\_\_\_\_ other (specify) \_\_\_\_\_

Telephone: \_\_\_\_\_ Student/Employee Number: A00 \_\_\_\_\_

Location of the incident \_\_\_\_\_ Time: \_\_\_\_\_

Names of the witnesses to the incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

### II. Information of the person about whom the complaint is being filed

Name: \_\_\_\_\_  
Both Surnames, Name

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relation with the P.U.C.P.R.

\_\_\_\_ student \_\_\_\_ faculty \_\_\_\_ administrative staff  
\_\_\_\_ other (specify) \_\_\_\_\_

Telephone: \_\_\_\_\_ Student/Employee Number: A00 \_\_\_\_\_

### III. Complaint Details (continuation)

Please provide the details of what occurred. 34 Include: date, location, time, events, and any other relevant information.

[illegible]

If necessary, use another sheet to complete your complaint

## This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

VICEPRESIDENCY OF STUDENT AFFAIRS