



**San José State**  
UNIVERSITY

*Department of Mathematics and Statistics · College of Science · San Jose State University*  
*One Washington Square · San Jose, CA · 95192-0103 · Phone 924-5100 · Fax 924-5080*

Semester and Year: \_\_\_\_\_

**TO:** Students Registering Complaints

**FROM:** Bem Cayco, Chair, Department of Mathematics and Statistics

**It is department policy to require that all complaints be put in writing.**

**Please complete this form and attach to your letter of complaint.**

Describe the following in your letter:

1. Nature of the complaint.
2. Efforts to resolve the matter with the instructor.

(Anonymous complaints will not be taken seriously.)

**I AM WILLING FOR MY IDENTITY TO BE USED IN ANY DISCUSSION WITH THE FACULTY MEMBER ABOUT THE COMPLAINT.**

\_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

(If No is checked, it will be assumed that the complaint is for informational purposes only. No specific action will be taken. If Yes is checked, the chair will discuss complaints deemed valid with the faculty member.)

**I AM WILLING FOR MY SIGNED LETTER TO BE PLACED IN THE FACULTY MEMBER'S PERSONNEL FILE.**

\_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

(If No is checked, the faculty member will not have access to your letter and any efforts to resolve the matter will be informal. If Yes is checked, and the chair is not able to resolve the matter satisfactorily, the letter may be placed in the faculty member's personnel file. Before such action, the faculty member must receive a copy of the letter and will be allowed to write a response.)

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**Student Name** (please print): \_\_\_\_\_

**Email address:** \_\_\_\_\_

**ID #** \_\_\_\_\_ **Day Time Phone #** \_\_\_\_\_

**Course:** \_\_\_\_\_ **Section:** \_\_\_\_\_ **Class Code:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_