



UNIVERSIDAD CENTRAL DE BAYAMÓN

PO Box 1725, Bayamón, P.R. 00960 • 1725 • Phone (787) 786•3030 • Exts. 2001•2002 • Fax. (787) 740•2200

STUDENT COMPLAINT FORM

Information of the person filing the complaint:

Name: _____ Date: _____

(Both surnames, Name)

(month-date-yy)

Mailing Address:

Telephone: _____ Email: _____

Relation with the UCB:

___ student ___ faculty ___ administrative

___ other: _____

Student/ Employee number: _____ Academic program _____

Academic School or Department: _____

Signature: _____

Describe your situation, including the date, time, location, details of what happened and any relevant information. Additionally, make sure to mention in your narrative the name of the respondent and their relationship with the institution.

