

**Note:**

1. This form is for complaints against students under the Student Code of Conduct or the Residence Life Code of Conduct. For complaints against faculty or staff, please contact Mount Allison's Human Resources Department at [hr@mta.ca](mailto:hr@mta.ca).
2. Any member of the University community (e.g. student, staff, faculty) may bring a complaint against a student. Students are held accountable under the Code for their behaviour on University premises, when acting as University delegates or designated representatives away from campus, and during their participation in off-campus trips and events that are organized or sanctioned by the University.
3. The Director of Student Life will normally respond to the complaint within 10 calendar days of the complaint's submission.
4. The Director of Student Life will meet with the Complainant(s) to review the details of the complaint and to discuss the complaint resolution process.
5. The Director of Student Life will provide the person/people named in the complaint with a summary of the complaint.
6. It is an offence under the Student Code of Conduct to retaliate against someone who reports a complaint.
7. It is an offence under the Student Code of Conduct to make a false, frivolous, or vexatious complaint.
8. Complaints must normally be submitted within 30 days of the incident in question.
9. Anonymous complaints will not be processed.

**Instructions:**

1. Use the fields in this form to provide as much detail about the nature of the complaint.
2. Sign and date the form (Page 3).
3. Send the form as an email attachment to [studentlife@mta.ca](mailto:studentlife@mta.ca) or drop it off at the Student Life Office (2F, Wallace McCain Student Centre)

**A. Complainant Information**

The person making the complaint (generally the person directly affected by the situation). For additional complainants, please use Section D (Misc. Additional Information)

Complainant (Full Name)	
Email	Contact Telephone

- I am the person directly affected by the situation.     
  I am submitting the complaint on behalf of the person/people directly affected by the situation.  
 The same person/people are aware that I am submitting this complaint on their behalf.

**B. Respondent Information**

The person/people whose conduct is the subject of the complaint (referred to as the "Respondent"). Use reverse for more space / additional respondent.

Respondent #1 (Full Name)	Date of Incident / Event (YYYY/MM/DD)
Nature of the Complaint	

Respondent #2 (Full Name)	Date of Incident / Event (YYYY/MM/DD)
Nature of the Complaint	

### C. Witnesses

Names of other people who were present/involved and may be able to provide more information about the substance of the complaint.

Witness #1	MTA Student <input type="checkbox"/> YES <input type="checkbox"/> NO
Email	Contact Telephone

Witness #2	MTA Student <input type="checkbox"/> YES <input type="checkbox"/> NO
Email	Contact Telephone

Witness #3	MTA Student <input type="checkbox"/> YES <input type="checkbox"/> NO
Email	Contact Telephone

Witness #4	MTA Student <input type="checkbox"/> YES <input type="checkbox"/> NO
Email	Contact Telephone

**D. Misc. Additional Information**

Use this section to add any information not otherwise recorded in the preceding sections.

**Supporting Documentation**

Additional supporting documentation + evidence may be submitted/attached as part of the complaint.

**Signature:**

To the best of my knowledge and recall, I declare this is a truthful summary of the details leading to the complaint.

---

Signature

---

Date

FOR INTERNAL PURPOSES ONLY:

## Complaint Submission Details

Submission Date (YYYY/MM/DD)	Submission Time  <input type="radio"/> AM <input type="radio"/> PM
------------------------------	--

## Complainant Information

Student Name	Student Number
Student Email (MTA)	Contact Telephone
<input type="checkbox"/> On-Campus Residence: _____ Room # _____	<input type="checkbox"/> Off-Campus Address: _____
Date Contacted	Date Met
Case Manager	Signature

## Respondent Information

Student Name	Student Number
Student Email (MTA)	Contact Telephone
<input type="checkbox"/> On-Campus Residence: _____ Room # _____	<input type="checkbox"/> Off-Campus Address: _____
Date Contacted	Date Met
Case Manager	Signature