



## ACADEMIC COMPLAINT FORM

Date(s) of Incident(s)

Complainant Name

Person(s) About Whom Complaint Is Made

Description of Incident(s) (attach additional sheets if necessary)

Name(s) of Witnesses(es), if any

Has the incident(s) been reported before?                      Yes                      No

If yes, when, to whom, and what was the resolution?

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

This complaint may be filed with the Provost in person, by mail, or by electronic mail to **the Academy's Provost Peter Drake, 111 Franklin Street, New York, NY 10013 or (212) 842-5970 or pdrake@nyaa.edu.**

Complaint Received By: \_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_  
Date Received