

 CUE CATHOLIC UNIVERSITY IN ERBIL	STUDENT INCIDENT REPORT FORM	FORM NUMBER: SA-FR-007
		EFFECTIVE DATE: Jul-15 2025 REVISION DATE: Jul-15 2028

Include only one complaint per form. Additional pages may be used for the same complaint, if necessary. Separate forms should be used for new or different complaints.

The form is to be submitted to the Registrar.

IDENTIFYING INFORMATION

Full name	
Student ID #	
Current academic year	
Department	
CUE email address	
Personal phone number	

IDENTIFYING INFORMATION OF PERSON(S) INVOLVED

Name	
Department/office (if an employee)	
Additional names	

INCIDENT INFORMATION

Please provide a clear, concise summary of the incident	
Date of incident	
Names and contact information of witnesses	
Resolution sought	

COMPLAINANT'S SIGNATURE

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Signature: _____ Date: ____ / ____ / ____ _____ Name: _____ On behalf of: _____
RECEIPT BY THE REGISTRATION OFFICE
Signature: _____ Date: ____ / ____ / ____ _____ Name: _____ Position: _____
RETURN TO THE REGISTRATION OFFICE