

Appendix C. MEMORANDUM: Making a Complaint

TO: Students in Allied Health Programs/Courses

FROM: Deborah Rossi
Department Head, Allied Health

The purpose of this memo is to provide the process for handling a concern or complaint in a course you are currently taking or have taken. The recommended steps are as follows:

1. Inform your instructor immediately about any concern or problem you are having in the course. It is important not to wait to address a concern.
2. You must make an appointment to meet with the instructor to discuss your concern. Addressing a problem during classroom instruction is not appropriate or acceptable.
3. If after meeting with your instructor, you have not been able to resolve the issue with him/her, you may use the student complaint form.
4. You must complete the form in its entirety, providing all the requested information.
5. Upon completion of the form, submit it to me. Upon receiving the form, I will contact you to acknowledge its receipt. I will then make arrangements with you to meet with you and discuss the addressed complaint. Documentation to support the concern/complaint will be requested.
6. Following our meeting, I will contact the faculty member and discuss the area(s) of concern with him/her. I will request documentation from the instructor to try to determine whether or not the issue can be resolved with the information that has been made available to me.
7. If it appears that a meeting between the student, faculty member and department head is in the best interest to resolve the issue, a meeting will be arranged (within 10 days) to discuss the concerns.
8. Following the meeting, the student and faculty member will receive a letter from the department head, which identifies the outcome of her findings and expected resolutions, if any.
9. In the event that a student is in a select allied health program, the program director will be required to meet with the student prior to the department head meeting with the student.

Department of Allied Health

Student Complaint Form

Student's Name: _____ Date: _____

Address: _____

City, State, Zip: _____

J# _____ Telephone Number: _____

Instructor's Name: _____ Course: _____

Program: _____

Date on which problem/concern occurred: _____

Describe the problem/concern including specific events:

Have you discussed this problem/concern with the instructor? Yes _____ No _____

If yes, what was the result of your meeting? If no, why not?

What action do you want taken?

Department Use Only

Contacted Student? _____ **Yes** _____ **No** _____ **Date of Contact** _____

Contacted Student? _____ **Yes** _____ **No** _____ **Date of Contact** _____

Disposition:

