

# 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: