

STUDENT COMPLAINT FORM

Date: _____

Student's Name: _____

Contact Number: _____

Major: _____

Classification: _____

Time of Visit: _____

Issue(s) and/or Concern(s): _____

_____/_____
Student's Signature Date

Attachments and/or Addendums: (please list attachments): _____

Expected Results: _____

Action Taken: _____

Recommendation(s): _____

_____/_____
College Official Signature Date

Log #

Forwarded

Response due

Written (10 days)

Date

Date