

# 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