STUDENT COMPLAINT FORM

PURPOSE: Any student(s) may file a complaint using this form concerning any issues or actions that has affected the student's academic record or status.

INSTRUCTIONS: Prior to filing a complaint with an employee or visitor on campus, the student may discuss the matter with the appropriate faculty, employee(s), or administrator(s). Should the matter not be resolved or if you disagree with the decision then use this form to express your concern to the relevant supervisor, administrator and or department chair. The student(s) may carry it no further unless a complaint falls within the definition of a grievance, ASCC General Catalog 2020-2022, pages 33-34.

A complaint may constitute a grievance if the issue is not mutually resolved, and the complaint falls within the definition of a grievance.

Section A: Student information(please print)				
Last Name	First Name		MI	Student ID#
Email		Current Addres	S	
Contact Numbers: Home phone		Cell pho	ne#	
Term/Year: Fall Spring Su		mer	_	Date submitted:
Complaint applies to (against):				I
				al sheets, if necessary) along with any any eye witnesses who should be interviewed.
Section C: Describe the outcom	e you hope to achie	ve.		
Section D: Student Certification			<u> </u>	
possible. Complaint information is complaint. I hereby declare that the	nay be shared with: e information on th of the facts or docu	appropriate colle is form is true, o imentation may b	ge offici orrect an	aint will be held confidential to the extent als in order to conduct further reviews of the d complete to the best of my knowledge. I ent cause for automatic denial of this filed
Student Signature:			I	Date:

D	
Date of Interview:	
DOSS Staff Present:	
Desired ACTION OR RESOLUTIO	TAKEN:
Desired Me 110M OK RESOLUTIO	I TILLA
(Denied - Approved - Other) OFFICE USE ONLY	
OFFICE USE ONLY	
D	TW
Reviewed By:	Title:
Signed: Dean of Student Services	Date:
Dean of Student Services	