

Student Complaint Form

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STUDENT SERVICES OFFICE USE ONLY

Initial log in Date: _____

Routed to: _____

Date: _____

Final log in Date _____

PLEASE COMPLETE AND RETURN TO OFFICE OF STUDENT SERVICES, SS 258

Describe what happened:

Write details about what occurred related to the areas listed below.

- Inappropriate behavior of faculty, staff, students
- Physical conditions

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List information about this occurrence:

When: _____ Location: _____

Who was involved:

Describe previous discussions and attempted resolutions to the complaint:

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Describe what you would like to happen as a result of filing this complaint:

Contact information:

NAME

STUDENT ID

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE

OTHER

EMAIL

I attest that the information provided above is accurate to the best of my knowledge. I am aware that knowingly furnishing false information to the District is a violation of the District's Standards of Conduct (BP 5500) and subject to discipline.

STUDENT SIGNATURE

DATE