



Student Complaint Form

Name

Email

Phone

Academic Program

Mailing Address (street, city, state, and zip)

Please answer the following (attach separate pages if necessary)

Describe the nature of your complaint (include relevant dates, names of people involved, etc.):

Describe any attempts you've already made to address your complaint:

Describe your desired outcome:

Other information:

Student Signature

Date

Signature of Person Receiving the Claim

Date