

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 Address		
Contact Numbers: Home phone		Cell phone #	
Term/Year: Fall _____ Spring _____ Summer _____			Date submitted:
Complaint applies to (against):			
Section B: Reason(s) for Complaint. Describe your complaint in detail. Include dates of occurrence, be as specific as possible. Describe actions you have taken to resolve the issue (Attach additional sheets, if necessary) along with any documentation that will help describe and substantiate the complaint as well as any eye witnesses who should be interviewed.			
Section C: Describe the outcome you hope to achieve.			
Section D: Student Certification:			
By signing this form, I understand that the information contained in this complaint will be held confidential to the extent possible. Complaint information may be shared with appropriate college officials in order to conduct further reviews of the complaint. I hereby declare that the information on this form is true, correct and complete to the best of my knowledge. I understand that misrepresentation of the facts or documentation may be sufficient cause for automatic denial of this filed complaint and may violate the Student Code of Conduct.			
Student Signature: _____		Date: _____	

Date of Interview:

DOSS Staff Present:

Desired ACTION OR RESOLUTION TAKEN:

(Denied – Approved - Other)

OFFICE USE ONLY

Reviewed By: _____ Title: _____

Signed: _____ Date: _____

Dean of Student Services