



## Student Complaints/Compliments

### STUDENT INFORMATION

STUDENT NAME	STUDENT ID NUMBER
ADDRESS	PHONE NUMBER
EMAIL ADDRESS	MOBILE NUMBER
COURSE NAME	DEPARTMENT

Please provide your comments on any College-related matter in detail. Be sure to include dates, locations, faculty or staff names, and any other information. Please be as specific and complete as possible. Attach additional pages as necessary. Be assured that all information provided related to this matter is strictly confidential.

SIGNATURE		DATE	
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### OFFICE USE ONLY

RECEIVED BY (STUDENT AFFAIRS)	DATE	CONTROL NUMBER	INITIALS
COMMENT TYPE	FORWARDED TO		DATE
<input type="checkbox"/> COMPLAINT <input type="checkbox"/> SUGGESTION <input type="checkbox"/> OTHER			

NARRATIVE
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RESOLUTION
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NAME	SIGNATURE	DATE
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