



STUDENT COMPLAINT FORM

Student's Name: _____ Date of Birth (MMDDYY): _____

Nature of Complaint (check all that apply): _____ Phone # or Email address: _____

Academic Affairs

Admissions

Bookstore

Bursar's Office

Campus Police

Financial Aid

Instructor/Advisor

Library

Registrar's Office

Other: _____

Description of Complaint: (attach additional documentation if necessary)

Signature of Student: _____

Date: _____

*Student should complete this form & submit it to the Supervisor of the Department involved in the complaint
(if unknown, see Student Affairs).*

{for office use only}

Supervisor responsible for handling complaint: _____

Resolution of

Complaint: _____

Supervisor's Signature: _____

Date: _____

This completed form should be filed in the Dean of Student Affairs' office (SACS requirement)
