



STUDENT COMPLAINT FORM

Return completed complaint form to the Dean of Student Services.

Complainant name: _____ Student ID number: _____

E-Mail Address: _____

Address: _____

Telephone (Home): _____

(Cell/Work): _____

Date of Initial Filing: _____ Date of Instructor/Staff Meetings: _____

Individual(s) named in Complaint: _____

CCCC department related to this incident (if applicable): _____

DESCRIPTION OF COMPLAINT

1. The nature of the complaint:

2. The facts on which it is based:

3. The actions requested to resolve the problem

The above statements are true. I understand that any misrepresentation of the facts can result in formal disciplinary action.

Signature of Student: _____ Date: _____

Use additional paper if necessary. Attach additional information to this form. The Student must initiate the complaint within 5 college days of the occurrence of the complaint. A college day is defined as any day excluding Saturdays, Sundays, breaks in the academic year, or any holiday recognized by the college.