

Name of Student Filing Complaint	Today's Date
Signature of Student Filing Complaint	Student Phone Number
Student Mailing Address	Student E-mail Address
Student ID Number	
DESCRIPTION OF COMPLAINT (DATE, PLA	ACE, TIME, DETAILS):
ATTEMPTS MADE TO RESOLVE AS AN INF	FORMAL COMPLAINT:
STATEMENT OF DESIRED OUTCOME:	
Student Service Officer receiving comple	aint completes items below this line.
Date Received:	
ACTION TAKEN:	
Simplify of Student Comics Office	
Signature of Student Service Officer	Date Response Sent to Student
Signature of Principal Instructor	Date Copy Sent to Principal Instructor

All students will receive notification of complaint receipt within two working days, with a follow-up scheduled within seven working days from the date of the written complaint.

If you have further comments, kindly include a separate sheet with this form. For academic and non-academic complaints, submit a hard copy to the Student Service Officer