



## 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)

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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).*

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**{for office use only}**

Supervisor responsible for handling complaint: \_\_\_\_\_

Resolution of

Complaint: \_\_\_\_\_

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Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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