



## STUDENT COMPLAINT FORM

Return completed complaint form to the Director of Student Success.

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.*