

Complaint Form

Please be advised that it will take up to 2 business days to process your complaint. It will be directed to the proper faculty member and you will receive a notice of the follow up. Thank you!

Date:
Your Name:
Your Address:
Telephone No.:
Email Address:
Best Time & Way to contact you:
Date of Incident:
Name of Student(s):
Your Relationship to the Student:
In the space below, please provide a detailed statement of your complaint:

Staff Assigned to deal with incident:	
Was an investigation neces	sary? Yes or No
Please briefly describe wha	t measures were taken to resolve this matter:
Please indicate how the con	nplainant was notified of the resolve:
Signature:	Date: