



# DRAKE STATE

COMMUNITY & TECHNICAL COLLEGE

## STUDENT COMPLAINT FORM

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

A# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Student Status (If applicable):  Enrolled  Not Enrolled

Date of Incident: \_\_\_\_\_

*(If the complaint is about a specific occurrence, the complaint shall be made within (10) working days of the occurrence.)*

Is this complaint an Academic or a Non-Academic matter?

Academic Matter  Non-Academic Matter

Does this complaint involve a specific Person and/or Department?

Person

Department

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Please describe your complaint. *(Include specific details –i.e., who, what, where, etc.) Attach additional sheets if needed.* \_\_\_\_\_

\_\_\_\_\_

Have you spoken with a J.F. Drake State Community & Technical College faculty or staff member regarding your complaint?

Yes  No

To whom did you speak? What was the outcome?

\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

*If, after discussion between the student and the respective college official, it is determined that the complaint can be resolved immediately, the college official will take action to resolve the complaint and will submit a report within ten working days of the filing of the complaint to the President and other appropriate college officials, detailing both the complaint and its resolve. Reviewed By:*

Dean of Instruction

Dean of Students

Resolution:

Resolved (Report Submitted)

Not Resolved Action Taken:

	<i>Plan of Resolution (Attached and Submitted)</i>

Signature \_\_\_\_\_

Date \_\_\_\_\_ 11/19/20





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09/22/23