



Today's Date: _____

STUDENT COMPLAINT PROCEDURE

Name of Student (print) _____ Student ID #: _____

Address: _____

Phone Number: (____) _____ CMC Student Email: _____@student.cmccd.edu

INVOLVED PARTIES

Name of Staff: _____ Department: _____

I have met with staff member to address my complaint: YES___ NO___ Date of meeting: _____

DESCRIPTION OF COMPLAINT/ISSUES (attach additional pages as necessary)

Date of Incident: _____ Time of Incident: _____

Signature of Student Date

INVESTIGATION AND RESOLUTION

Findings: _____

Signature of Dean Date

Appeals Only: _____
Signature of VP Date

Date Form Received: _____ Date of Review of finding: _____ w/Staff _____ w/ Student