

	Today's Date:				
STUDENT COMPLAINT PROCEDURE					
	Student ID #:				
CMC Student Email:		@student.cmccd.edu			

Name of Student (print)	Student ID #:				
Address:					
Phone Number: ()	CMC Student Email: _		@student.cn	nccd.edu	
INVOLVED PARTIES					
Name of Staff:	Depa	artment:			
I have met with staff member to address	ss my complaint: YES	_ NO	Date of meeting:		
DESCRIPTION OF COMPLAINT/ISSUES (attach additional pages as necessary)					
Date of Incident:	Tii	me of Incident: _			
		Signature	of Student Da	ite	
INVESTIGATION AND RESOLUTION					
Findings:					
		Signature of Dean	Da	ite	
	Appeals Only:				
		Signature of VP	Da	ite	
Date Form Received:	Date of Review of findi	ng: \	v/Staffw/:	Student	

\*\*\*\*STUDENT GRIEVANCE PROCEDURE OUTLINED ON PAGE 26 OF THE COPPER MOUNTAIN COLLEGE ACADEMIC CATALOG\*\*\*\*