

UC CLERMONT COLLEGE - FORMAL STUDENT COMPLAINT



Today's Date

Name of Student Filing Complaint

Student ID Number

Student Email Address

Student Phone Number

Signature of Student Filing Complaint

Description of Complaint (date, place, time, details, etc.):

Attempts made to resolve as an informal complaint:

Statement of desired outcome:

Add additional narrative as needed:

Please submit this form to the proper Department Chair/Director/Assistant Dean or higher involved in addressing the complaint.

Date Received: _____

Action taken:

Signature of Faculty/Staff Member

Date Response Sent to Student

Signature of Department Chair/Director/Assistant Dean

Date Copy Sent to Department Chair/Director/Assistant Dean