CITY COLLEGE of SAN FRANCISCO
OFFICE of the DEAN of STUDENTS

STUDENT COMPLAINT FORM - INFORMAL LEVEL

Name: ____________________________ Date: ____________

Last Name                      First Initial

Student I.D. __________ Phone: Day __-___-___ Eve __-___-___

Address: ____________________________

Number Street Apt. No. City State Zip Code

DESCRIPTION OF COMPLAINT: Attach a typed statement which describes:

1. The specific nature of the complaint, including:
   (a). Name of the faculty member
   (b). Date and time of incident(s)
   (c). Names of witnesses (if applicable)

2. All efforts which have been made to resolve the complaint.

3. What you would consider a fair and appropriate resolution of this matter.

Do you request to remain anonymous?: ☐ YES ☐ NO

By my signature below, I request that action be taken on the above complaint. I understand that, if requested, every effort will be made to keep my complaint anonymous. I further understand, however, that as a result of this process, my identity may become known.

Student Signature Date

Received By - Signature (Dept. Chair, Dean) Date

Please Print Name (Last, First) Phone No.

Department Mailbox No. Office No.

STUDENT COMPLAINTS MAY HAVE SERIOUS CONSEQUENCES FOR THE FACULTY MEMBER CONCERNED. STUDENTS SHOULD RECOGNIZE THAT DIFFERENCES IN PERSONALITY, OPINION, AND PERCEPTION DO OCCUR, AND CAN OFTEN BE RESOLVED BY DISCUSSIONS BETWEEN THE PARTIES. WHENEVER POSSIBLE, STUDENTS ARE ENCOURAGED TO ADDRESS SUCH DIFFERENCES DIRECTLY WITH THE FACULTY MEMBER.

cc: Student
    Faculty Member
    Faculty Member’s Supervisor

COMPLAIN:TEM