

# Student Services Complaint Form

Date: \_\_\_\_\_

## Student Information

Full Name		Student I.D.	
Address			
City		State	Zip
Home Phone Number ( ) -		Work Phone Number ( ) -	
Cell Phone Number ( ) -		Email Address	
How do you prefer we contact you? <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email			

## Complaint Information

Please specify office about which you are submitting your complaint. (Check all areas that apply.)

<input type="checkbox"/> Admissions	<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Rising Star
<input type="checkbox"/> Advising Center	<input type="checkbox"/> Health Center	<input type="checkbox"/> Testing Center
<input type="checkbox"/> Business Office/Cashier	<input type="checkbox"/> Instructional Support and Outreach Services	<input type="checkbox"/> Tutoring Services
<input type="checkbox"/> Career Development Center	<input type="checkbox"/> Multicultural Center	<input type="checkbox"/> Veterans' Affairs
<input type="checkbox"/> Counseling Center	<input type="checkbox"/> Office of Student Life	<input type="checkbox"/> Workforce and Continuing Education
<input type="checkbox"/> Disability Support Services		<input type="checkbox"/> Other
<input type="checkbox"/> eConnect Registration Area		

Date(s) of incident.

State your formal complaint. (Please be specific, attach any supporting documents and use extra pages as needed.)

How have you attempted to resolve this situation? Describe your attempts to resolve the situation.

What specific actions do you desire to resolve this complaint?

I hereby declare that the information on this form is true, correct and complete to the best of my knowledge. I understand that any misrepresentation of information may result in disciplinary action as stipulated in the Brookhaven College Student Code of Conduct.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received By Department \_\_\_\_\_

**IT ALL BEGINS HERE.****Brookhaven College**

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

**Student Services**3939 Valley View Lane | Farmers Branch, Dallas, TX 75244-4997  
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# Documentation of Complaint

(To be completed by director, dean or vice president)

Person(s) who reviewed and/or investigated complaint:

Details of Complaint Investigation (meetings, interviews, attendees):

**Action Taken** - Document what action taken. Include full explanation.

Agreement reached, final outcome:

Other (specify):

Complaint Resolved:

Reasons

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

Vice president's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return signed copies of the Student Complaint and the Documentation of Complaint forms to the Vice President for enrollment management and student services after the investigation has been completed.

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