

Coastal Bend College
Student Services Department
Student Complaint Form

Please refer to Policy FLD)Local in the Policy Manual at
<http://www.coastalbend.edu/Publications> for information on the complaint process.

Part I

Student Name: _____

Student ID: _____ Email: _____

Phone: _____

Mailing Address: _____

Submitted (mm/dd/yyyy): _____

To: _____
Recipient Name

Recipient Title

Part II

1. List any factual information you believe to be important to the review of your complaint. Be specific in regard to time, location, and individuals/groups involved. (You may attach additional paper, if needed.)

2. List any action taken to resolve this conflict.

3. List specific relief or remedy sought to resolve the complaint.

4. List name, address, and phone number of anyone who can provide more information regarding this complaint.

Part III

By signing this form, you declare the information you provide to be true and correct and you consent to the college's indirect collection and sharing as needed of relevant personal information to help in the resolution of this issue.

Student signature

Date (mm/dd/yyyy)

Submit form to the campus counselor, campus director, or any dean.

Part IV: To be completed by CBC personnel receiving complaint form.

Please forward a copy of this form to the appropriate party ***immediately*** as per policy FLD (local) for resolution and a copy to the Dean of Student Services. If you are not sure to whom to submit this form, please contact the Dean of Student Services.

Date Received: _____

Name of Recipient: _____

Title of Recipient: _____

Date forwarded to: _____

Name/Title of appropriate party to whom forwarded:

Name

Title

Part V: To be completed by the individual responding to the complaint. A copy must be sent to the Dean of Student Services.

Date Received: _____
(mm/dd/yyyy)

Respondent Name/Title: _____

Date of Response: _____

Follow-up/ Resolution:
(use additional paper if needed)

Signature

Date(mm/dd/yyyy)