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| **Student Complaint Form** |

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| **College / Institute** |  | | **Date** |  |
| **Student Name** |  | | **ID** |  |
| **Department** |  | | | |
| **Program** |  | | | |
| **Academic Year** |  | **Semester** |  | |
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| **DESCRIBE YOUR COMPLAINT (ATTACH ADDITONAL PAGES IF NECESSARY)** | | | | |
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| **WHAT STEPS HAVE YOU TAKEN TO RESOLVE YOUR COMPLAINT?** | | | | |
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| **WHAT IS YOUR DESIRED OUTCOME?** | | | | |
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| **By submitting this complaint, you are giving the EDCI permission to contact school officials and other agencies and persons about your complaint. The information given in this complaint is true and accurate to the best of my knowledge** | | | | |
| **Student Signature** | | | **Date** | |