

**J.F. DRAKE STATE**  
COMMUNITY & TECHNICAL COLLEGE

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**COMPLAINT FORM**

**Today's Date:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**A#** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Current Student Status (If applicable):**    Enrolled    Not Enrolled

**Date of Incident:** \_\_\_\_\_

*(If the complaint is about a specific occurrence, the complaint shall be made within (10) working days of the occurrence.)*

**Is this complaint an Academic or a Non-Academic matter?**

Academic Matter    Non-Academic Matter

**Does this complaint involve a specific Person and/or Department?**

Person    Department

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**Please describe your complaint.** *(Include specific details –i.e., who, what, where, etc.) Attach additional sheets if needed.* \_\_\_\_\_

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**Have you spoken with a J.F. Drake State Community & Technical College faculty or staff member regarding your complaint?**    Yes    No

**To whom did you speak? What was the outcome?**

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**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Office Use Only**

*If, after discussion between the student and the respective college official, it is determined that the complaint can be resolved immediately, the college official will take action to resolve the complaint and will submit a report within ten working days of the filing of the complaint to the President and other appropriate college officials, detailing both the complaint and its resolve.*

**Reviewed By:**

Dean of Instruction    Dean of Students

**Resolution:**

Resolved (Report Submitted)    Not Resolved Action Taken:

		<i>Plan of Resolution (Attached and Submitted)</i>

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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