Complaints and Suggestions

Date: _____

Nature of complaint/suggestion:_____

Please explain: _____

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Would you like to be contacted regarding this matter? ❑ Yes ❑ No

If yes, how would you like to be contacted? ❑ Phone ❑ Mail ❑ email

Name: _____ Phone: _____(h)

Address:_____ _____(w)

_____

email: _____

Return form to Campus Dean of Student Development

For Office Use Only

Date Received: _____ Referred to: _____

Action Taken: _____