

NON-ACADEMIC COMPLAINT FORM FOR STUDENT AFFAIRS

JEFFERSON COMMUNITY & TECHNICAL COLLEGE

STUDENT INFORMATION

Student Name:	EMP ID or SSN:
Phone:	Student E-mail Account:

NATURE OF THE COMPLAINT (TO BE COMPLETED & SIGNED BY THE STUDENT)

Student Signature _____ Date Complaint Was Filed _____

COMPLAINT FORWARDED TO _____

FOLLOW-UP COMMUNICATION WITH STUDENT (TO BE COMPLETED BY THE EMPLOYEE)

Date Issue Resolved _____ Resolved By _____

By signing below, the student is in agreement and understands the outcome.

Student Signature _____ Date _____

For Internal Use Only:

<p>DEPARTMENT:</p> <p><input type="checkbox"/> Accessibility Resource Center (ARC)</p> <p><input type="checkbox"/> Admissions</p> <p><input type="checkbox"/> Answer Center</p> <p><input type="checkbox"/> College Nurse</p> <p><input type="checkbox"/> Counseling</p> <p><input type="checkbox"/> Dual Credit</p> <p><input type="checkbox"/> Financial Aid</p> <p><input type="checkbox"/> Records</p> <p><input type="checkbox"/> Student Support Services Program (SSSP)</p>	<p>CAMPUS:</p> <p><input type="checkbox"/> Carrollton</p> <p><input type="checkbox"/> Downtown</p> <p><input type="checkbox"/> Tech</p> <hr/> <p>COMPLAINT WAS MADE:</p> <p><input type="checkbox"/> In person</p> <p><input type="checkbox"/> Phone call</p> <p><input type="checkbox"/> E-mail</p> <p><input type="checkbox"/> Letter</p>	<p><i>Employees: Once a complaint has been resolved, please sign and date this form. The form along with the documentation needs to be returned to Kem Longino.</i></p>
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