

STUDENT COMPLAINT FORM

PLEASE COMPLETE THIS FORM AND E-MAIL TO ACADEMIC ADVISING MGUTIERREZ@SOUTHWESUNIVERSITY.EDU

STUDENT INFORMATION

| STUDENT NAME | STUDENT ID # |
|---|--------------|
| Cell Phone # | Home Phone # |
| Home address | E-mail |
| Describe your complaint: | |
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| | |
| | |
| What have you done to try and resolve this complaint? | |
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| | |
| What outcome are you seeking? Do you have a suggested remedy for the problem? | |
| | |
| | |
| | |
| Student Signature: | Date |
| Official Use Only | Data |
| Received b <u>y:</u> | Date |
| Complaint referred to: | Date |