



# STUDENT COMPLAINT FORM

Student Name: \_\_\_\_\_

Student ID B#: \_\_\_\_\_ Term: \_\_\_\_\_ Course: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Nature of Complaint:

Academic       Safety       Faculty Member       Staff Member

Other (If other, please explain) \_\_\_\_\_

## Name of individual and or department

against whom the complaint is filed: \_\_\_\_\_

Have you spoken directly to the faculty or staff member?  Yes       No

If faculty, have you spoken to the Collegewide chair?  Yes       No

**Describe your complaint in detail. Be factual. Use names, dates, and other specific information. Describe actions you have taken, if any, to resolve the issue. Use the reverse side or attach additional sheets if necessary.**

**The information given in the complaint is true and accurate to the best of my knowledge.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this form to any campus Collegewide Chair or Dean, or submit online: login to myEFSC > Student Document Dropbox > select Collegewide Chair or Dean (or Eastern Florida Online) > upload.**

Received by (print name): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_