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**COLLEGE COMPLAINT FORM**

**(For issues not related to final course grades – please follow the course grade appeal policy for issues with final course grades)**

Student Name

Student ID Number

Telephone Number(s)

E-mail

Name and Number of Course (if applicable)

Instructor Name (if applicable)

Date of Complaint

Concise statement of the complaint:

Signature Date

1. Attach copies of relevant documents, if needed
2. Submit this form to the College of Pharmacy Associate Dean for Academic Affairs).

College of Pharmacy Associate Dean for Academic Affairs comments:

Associate Dean for Academic Affairs signature Date

Faculty Member comments (if applicable):

Faculty signature Date

Department Chairperson comments (if applicable):

Department Chairperson signature Date

Dean of the College comments (if applicable):

Dean of the College signature Date

