

STUDENT RIGHTS AND RESPONSIBILITIES
STUDENT COMPLAINTS

FLD
(EXHIBIT)

COLLEGE OF THE MAINLAND
STUDENT COMPLAINT FORM

A student should use this form to file a complaint. Please ensure all necessary/relevant information is included. All correspondence concerning this matter will be sent to the address or e-mail address provided below.

Name of Student: _____ COM ID: _____

Home Address: _____

Phone: _____

Email: _____

Program of Study: _____

Full-time/Part-time: _____

Date incident first occurred: _____

Statement of complaint, including steps previously taken to resolve the matter : (use additional sheets if needed)

Remedy Requested: _____

Signature: _____ Date Submitted: _____