



**STUDENT COMPLAINT FORM**

**Permission to Share This Information:** The information on this form is being collected by The Center for Student Life and Leadership Development of Skyline College for the purpose of reviewing your complaint. By signing this form you consent to The Center for Student Life and Leadership Development sharing the information contained in this form and any additional information that you supply about your complaint with the department or division with whom you have the complaint. Students wishing to file formal grievances should follow the process outlined in the Student Handbook.

Instructions:

- Before signing this form please be sure that every question has been answered, and that you have read the "Permission to Share This Information" section.
- Note you will be contacted if we require additional information, so please make certain your contact information is correct.

Complainant Name: \_\_\_\_\_ G#: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Nature of Complaint: (Check all that apply to this complaint)

- |   |                                       |                                     |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Campus Cleanliness                 | <input type="checkbox"/> Food Service | <input type="checkbox"/> Vending    |
| <input type="checkbox"/> Safety Issue (broken or hazardous) | <input type="checkbox"/> Customer     | <input type="checkbox"/> Individual |

Location of incident: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Department (If applicable): \_\_\_\_\_

Name of accused (if any): \_\_\_\_\_

Name of witnesses (if any): \_\_\_\_\_

Details of Complaint (attach additional pages if necessary):

What attempts, if any, have you made to resolve this issue (attach additional pages if necessary):

What type of resolution are you requesting to this complaint (attach additional pages if necessary):

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

Thank you for taking the time to complete this complaint form and helping us to better serve you.