## **Complaint Report**

Return completed Report to the Campus Director.

Name		1 DI		Number	
Address	City		State	Zip	
7.444.655			Juice		
Describerant (If Francisco)					
Department (If Employee)					
Contact Email		Contact Phone Nu	mber		
	CTATEMENT	OF COMPLAIN	т		
5	STATEMENT	OF COMPLAIN	I		
Describe your complaint:					
What attempt(s), if any, have	vo vou mado to rocolvo t	his issue and how w	woro your atto	omnts responded to?	
what attempt(s), if any, hav	7e you made to resolve t	ilis issue aliu ilow v	vere your acce	empts responded to:	
Do you feel that any Asher (	College policies were viol	ated? If yes, explai	n.		
Explain the resolution you a	ro sooking				
Explain the resolution you a	re seeking.				
By signing this form, you ce	rtify that the above state	ements are true to t	the best of yo	ur knowledge.	
		Date			