

# Complaint Report

Return completed Report to the Campus Director.

Name		ID Number	
<input type="text"/>		<input type="text"/>	
Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department (If Employee)			
<input type="text"/>		<input type="text"/>	
Contact Email		Contact Phone Number	
<input type="text"/>		<input type="text"/>	

## STATEMENT OF COMPLAINT

Describe your complaint:

What attempt(s), if any, have you made to resolve this issue and how were your attempts responded to?

Do you feel that any Asher College policies were violated? If yes, explain.

Explain the resolution you are seeking.

By signing this form, you certify that the above statements are true to the best of your knowledge.

\_\_\_\_\_ Date \_\_\_\_\_