

COMPLAINT FORM

Date _____

Trimester _____

Name (optional) _____

Complaint _____

Suggestions to resolve complaint _____

YES NO

Has this complaint previously been brought up in your class?
If yes, how was it handled? _____

Are you currently aware of other students with the same complaint?

Would you like to be contacted personally concerning your complaint?
Contact information: _____

Please turn all completed complaint forms into your class president. If requested, you will be contacted as soon as possible concerning your complaint.

Any questions: Please contact SDC Parliamentarian