## South Suburban College Student Complaint Form

Please attach extra sheets if more space is needed		DATE:	
Student Name (PLEASE PRINT	)		
Student ID No:		Telephone No:	
Course Name	Course No.	Section	Instructor
COMPLAINT: (Be brief and spec	ific as possible)		
State reasons why you cannot	accept recommendations/de	cisions from the instructor	and/or Department Chair
Student Sig	nature		Date
Student Sig			Date
Student Sig	nature		Date

Stud	lent Complaint Form	Pa	age 2 of 2
Instr	uctor's Response: (Must Respond within 10 School Days)		
	Instructor's Signature	Date	
Dono	artment Chair's Comment/Opinion		
Depa			
	Department Chair's Signature	Date	
		200	
Dean	n's Decision/Comments		
	Dean's Signature	Date	
cc:	Vice President of Academic Services		
	Appropriate Dean Department Chair		
	Instructor Student		
	Director of Enrollment Services (as needed)		
		Re	evised 8/6/14