



STUDENT COMPLAINT FORM

PLEASE FILL IN THE INFORMATION BELOW

STUDENT NAME _____ IEC NUMBER _____
TERM / LEVEL _____
EMAIL _____ PHONE _____
SUBJECT OF COMPLAINT ADMISSIONS FACULTY / STAFF STUDENT SERVICES PROGRAMS
(please choose) FACILITIES OTHER: _____

COMPLAINT DETAILS:

(Provide details on the dates, people involved, specific incidents etc. about the nature of your complaint)

DESIRED OUTCOME:

(State what your expected outcome is)

By submitting this form, I authorize the IEC Director (or designated official) to investigate the matter in relation to my complaint.

Print Name

Signature

Date

SUBMIT COMPLETED FORM TO THE IEC DIRECTOR AT HOLLAND HALL SUITE 111C | 615-963-6750

OFFICIAL USE ONLY

ACTION(S) TAKEN:

RESOLUTION:

COMPLAINT RECEIVED AND PROCESSED BY:

Print Name

Signature

Date