

**Department of Languages and Communications
Student Complaint Form**

*****this form should be completed within 30 days of the event that prompted your complaint*****

Your Name: _____

Course: _____ Instructor: _____

Semester (circle one) Fall Spring Summer Year : _____

Nature of Complaint (please check one)

- | | |
|---|--|
| <input type="checkbox"/> Assignment grade | <input type="checkbox"/> Discrimination (sex, race, disability)* |
| <input type="checkbox"/> Course grade | <input type="checkbox"/> Harrassment* |
| <input type="checkbox"/> General instructor conduct | <input type="checkbox"/> Other |

* in cases of discrimination and/or harassment, you may also want to speak with the Equal Opportunity Officer, Renee Williams, in Suite 102 of the A.I. Thomas Building or by phone at (936) 261-2123

Explanation of Complaint: what happened and when? Be sure to include specifics, especially about *how you have tried already to solve this problem with the instructor*. Please type or print clearly, and attach any materials that you have in support of your complaint. You can complete this section on a separate sheet.

Remedy Sought: what would you like to see happen? Please type or print clearly.

student's signature

Date:

student's e-mail address