



**COLLEGE OF MENOMINEE NATION
STUDENT-TO-FACULTY COMPLAINT FORM**

Last Name First Name Middle Initial Student ID #

Mailing Address _____

Phone Number(s) _____ Email _____

Please summarize your concern/complaint.

Please identify the person(s) involved.

Briefly describe what happened, when it happened, who was involved, etc.... use the back of this page or attach additional pages if needed. If you are attaching any pertinent documentation, please list:

Have you attempted to resolve this issue on your own? If so, please provide details.

What remedy or corrective action are you requesting?

Can you name other persons who will verify or support your statements? (List others on the back or attach additional pages if needed.)

Name _____ Phone/email _____

Name _____ Phone/email _____

All completed Student to Faculty Complaint Forms received by the Director of Retention will be acted on, or action will be initiated by the Director of Retention within ten (10) working days, barring extenuating circumstances.

Student Signature / Date

Director of Retention Signature / Date

FOR OFFICIAL USE ONLY

Actions taken: _____

Student notified: Date _____ Method _____