ELI Formal Complaint Form

To the Director of English Language Institute (And for Possible Submission to the Dean of Program, Continuing Education and Community Engagement)

Student Making Complaint: _____________________________ Student ID number: __________________

Member against whom complaint is made (attach additional sheets if more than one faculty/staff member):
Name: _____________________________ Position: _____________________________

Complaint: Briefly state what (you) believe the faculty or staff member has done or failed to do which is the basis for the complaint.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Procedures to Resolve Complaint: ___________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Follow Up: ________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Director Signature: _____________________________ Date: __________________

Student Signature: _____________________________ Date: __________________

Faculty/Staff Signature: _____________________________ Date: __________________