Complaint Form

Before completing this form, please read the DeVry Student Handbook. After completion, please return directly to the Director, Student Services

Name ___________________________________________ Term ________________________

Date of incident ____________________________ Current Date ___________________________

1. Please describe the circumstances surrounding the situation, and what your particular grievance is. Please give as much detail as possible. 2. Please describe the solution you would like to see.

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_______________________________________ ___________________________________________
Please print name clearly, then sign. Thank you.                                                                                                          (Use back page if necessary)
For Office Use Only
Date Opened:____________________

Complaint sent to: _____ Individual _____ Supervisor/Dept. Head _____ Other

Action taken:
______________________________
______________________________
______________________________
______________________________
______________________________
______________________________
______________________________

Date Closed ________________________

Signature_____________________________