



Wayne County Community College District
STUDENT PROBLEM/COMPLAINT FORM

PERSONAL INFORMATION

Today's Date \_\_\_\_\_ Campus Attending \_\_\_\_\_
Student Name \_\_\_\_\_ A # \_\_\_\_\_
Student Address \_\_\_\_\_ Street Number and Name \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_
Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

COMPLAINT/PROBLEM/REQUEST

Semester Problem Occurred \_\_\_\_\_ 20\_\_\_\_ Campus Problem Occurred \_\_\_\_\_
Campus Contact Person \_\_\_\_\_ Last Contact Made \_\_\_\_\_
Complaint/Nature of Problem/Request \_\_\_\_\_
Student Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_

FOR OFFICE USE ONLY

Recommended Action \_\_\_\_\_
Referred To \_\_\_\_\_ Date Referred \_\_\_\_\_
Resolved ( ) \_\_\_\_\_ In Progress ( ) \_\_\_\_\_
Comments: \_\_\_\_\_
Signature of Staff Investigating Complaint \_\_\_\_\_ Date \_\_\_\_\_