



### STUDENT COMPLAINT FORM

Name: \_\_\_\_\_

Student ID No.: \_\_\_\_\_

Address: \_\_\_\_\_

Major: \_\_\_\_\_

\_\_\_\_\_

Area of Concern:

- \_\_\_\_\_ Admissions
- \_\_\_\_\_ Americans with Disabilities Act (ADA)
- \_\_\_\_\_ Athletics
- \_\_\_\_\_ Counseling and Testing
- \_\_\_\_\_ Enrollment Development
- \_\_\_\_\_ Financial Aid
  - \_\_\_\_\_ Department
  - \_\_\_\_\_ Process
- \_\_\_\_\_ Sexual Harassment
- \_\_\_\_\_ Student Records
- \_\_\_\_\_ Student Support Services
- \_\_\_\_\_ Other \_\_\_\_\_

Please describe nature of concern:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

The completed form should be submitted to the Student Affairs Office via mail at:  
500 S. Davy Crockett Parkway, Morristown, Tennessee 37813 or Room 100, Jack E. Campbell College Center , Morristown Campus.