



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.