Student Complaint Form

As a way of documenting complaints at CIIS, we request that you fill out the form below. Should you need assistance or if you would like to discuss the situation prior to submission of the form, please contact the Dean of Students at yyip@ciis.edu. When you have completed this form, please return it in a sealed envelope to the Dean of Students in Room 301, Mission Street Campus, or email it to yyip@ciis.edu.

Please note that a formal resolution or Student Complaint must be received by the Dean of Students 30 days after the close of semester in which knowledge of the complained of academic decision or educational problem or behavior was acquired.

(If you are unable to enter information through Microsoft Word, please click on Tools >>> Macro >>> Security, set to “Low”, and reopen the file. You may revert back to a higher level of security after saving and completing the form.)

Name: ___________________________ Student ID number: ___________________________

Address: ___________________________

Phone Number: ___________________________

May we leave a detailed voice mail at this number if necessary?  ☐ Yes  ☐ No

E-mail: ___________________________

Program: ___________________________

In general, the complaint is regarding: __________________________________________

Please state the nature of your complaint, including a detailed description of the events giving rise to the complaint with dates and times provided. You may use a separate sheet if more room is needed:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________
Please provide the names of people who would have information to corroborate the complaint (optional):


In the space below, indicate any documents that you have that might be relevant to an inquiry of this matter (please include/attach a copy of the documents when you submit this form):


Please state in the space below, what action or relief you are seeking in filing this complaint:


You will be contacted within 5 business days for an initial response to this complaint.
FOR OFFICE USE ONLY:

Dean of Students received:

Name: _____________________________ (please print)

Signature: ___________________________ Date: ___________________________

Comments

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