

FORMAL COMPLAINT FORM

The information on this form is collected by the College of the Rockies under section 26(c),(d) of the BC Freedom of Information and Protection of Privacy Act and will be used only for the purposes related to policy 2.4.9, Student Concerns. Should you have any questions about the collection of this personal information please contact the College's Privacy Officer at bmathenia@cotr.bc.ca, 250-489-2751 x3293, The College of the Rockies, P.O. Box 8500, Cranbrook, BC V1C 5L7.

Student Name: _____

Student I.D. Number: _____

Phone: _____

Email: _____

Type of Complaint:

Employee interaction

Name and/or Position Title of Employee: _____

Service or Facility

Related Department or Location: _____

Other

(Please Specify): _____

Students are encouraged to address concerns directly with the party/parties involved to seek an informal resolution, prior to submitting any formal complaint.

Have you addressed your concerns informally directly with the person(s)/department noted above?

YES

NO

If Yes, what was the outcome of that discussion?

If No, why not?

Describe your complaint and include any specific details about date, time, location, people present and what specifically occurred. Attach additional pages or supporting documents as needed.

Request for Resolution of Complaint:

Describe what you are requesting as an outcome to resolve this complaint.

Student's Signature:

Date Complaint Submitted:

Submit this form to the Dean or Director, Student Affairs.

For Office Use Only:

Outcome of Complaint

Complaint investigated

Date: _____

Complaint resolved

Date: _____

Complaint withdrawn by student

Date: _____ Signature of Student: _____