

**GASTON COLLEGE**  
**ACADEMIC COMPLAINT BY STUDENT**

(To Be Completed by Student and Returned to Department Chairperson or Dean Within 5 Working Days)

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_ Phone \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Course/Section \_\_\_\_\_ Semester/Year \_\_\_\_\_

- 1. Describe the nature of your complaint about the instructor or course and explain why you believe corrective action should be taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. Have you discussed this complaint with your instructor? Yes  No  If not, describe your reasoning:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. Explain what you think should be done to address your concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I received this written complaint from \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ (Signature of Department Chairperson/Dean)

This complaint has been personally delivered to the instructor involved on date: \_\_\_\_\_

I received the complaint of: \_\_\_\_\_ (student) on date: \_\_\_\_\_

\_\_\_\_\_ (Faculty Member Signature)