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:

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
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_______________________________________________________________________________

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)