

**GASTON COLLEGE
ACADEMIC COMPLAINT BY STUDENT**

(To Be Completed by Student and Returned to Department/Program Chair or Dean Within 30 calendar days after incident leading to the complaint)

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/Program Chair/Dean)

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

I received the complaint of: _____ (student) on date: _____

_____ (Faculty Member Signature)