



**BOSSIER PARISH COMMUNITY COLLEGE
Student Complaint Form**

Date: _____

Student Information:

Name: _____

Student ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (day/evening) _____

E-Mail: _____

Complaint being filed against: (complete all sections that are appropriate)

Name(s):

Department(s):

Date(s), time(s), and location(s) of incident:

Description of each incident: (please provide statements of fact and nature of the complaint and use an additional sheet of paper if necessary)

Name(s) of anyone else present during each incident:

How have you attempted to resolve the situation?

What specific actions do you desire to resolve this complaint?

Student Signature: _____ Date: _____

Date Received: _____ By Office: _____