

Tel. (604) 681 5815 Fax. (604) 681 5819 Tel. (604) 435 5815 Fax. (604) 435 5895

Date Student Notified

COMPLAINT REPORT FORM

The purpose of this form is for students to report complaints to the College, so that an acceptable resolution can be established.

Student Name	Student ID	
Address	City	
Telephone #	Email	
Instructions:	,	
 Briefly identify the reason you are subm needed. 	itting your complaint. Please use the back	of this form if more writing space is
✓ Attach supporting evidence, if applicable	е.	
✓ Submit this form and supporting evidence	ce to the Office of Student Affairs by emai	l studentaffairs@alexandercollege.ca
What is your complaint regarding?		
Describe your complaint in detail:		
Student Signature		Date
Statem Signature		
OFFICE LIST ONLY (Planes do not write in the	i a accoul	
OFFICE USE ONLY (Please do not write in the	ns area)	
Action taken:		
S		
Comments:		
Name (please print)	Signature	Date Signed