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**INSTRUCTION COMPLAINT**

**Student Filing Complaint:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the complaint providing details regarding the dates of occurrence, the nature of the complaint and student’s desired resolution.

Have you discussed this matter with the instructor? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

Witnesses? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ (If yes(s):

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

Student’s Signature Date

**Submit this form in a sealed envelope to the Head of the department offering the course**.

Dean of Students 406-994-2826

174 Strand Union Revised: 7/5//09