



Student Complaint Form

Today's Date: _____ Date of Incident: _____ Student ID: _____
Student Name (print): _____ Phone: _____
Address: _____
Program: _____ Email Address: _____

Smith Chason College encourages you to resolve your complaint with the individual instructor or staff member directly involved; however, if one-on-one discussion fails to result in a satisfactory resolution, please submit this form to the Campus Director (CD), Director of Education (DOE), or Director of Nursing (DON) to start the complaint process. If you are not satisfied with the proposed resolution, you may respond, in writing, to the Corporate Director of Compliance at lisa.ingoldsby@wcui.edu. For more information regarding Smith Chason College's Student Complaint and Grievance policy, please refer to the school catalog on our consumer information page of the school's website at <https://wcui.edu/consumer-information/>.

Please describe in detail below the issue(s) about which you wish to submit a complaint, providing as much information as possible regarding date, time, location, specifics including names of people involved in the incident, and any witness information. Include any supporting documents. Attach additional pages as necessary:

Student Signature _____
Date

Recommendations/Comments:

CD/DOE/DON Signature _____
Date

