HUSSON
UNIVERSITY

ONE COLLEGE CIRCLE
BANGOR, MAINE 04401-2999

STUDENT COMPLAINT FORM

NAME OF PERSON SUBMITTING FORM: _____
FIRST LAST

ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE NUMBER: _____ PROGRAM OF STUDY: _____

STAFF/INSTRUCTOR: _____ (IF APPROPRIATE)

CLASS: _____ SECTION: _____ TIME: _____

SUMMARY OF COMPLAINT:

RESOLUTION REQUESTED: _____

_____ _____
SIGNATURE OF COMPLAINANT DATE SUBMITTED