Montgomery Community College

Student Complaint Form

Submit completed form to the Vice President of Student Services.

Full name:_____
Last First Middle

Mailing Address:_____
PO Box/Street City State Zip

Email Address:_____

Cell Phone #:_____ Home Phone #:_____

MCC Student ID #_____

Describe your complaint in detail. Include any pertinent dates, locations, staff or faculty you dealt with, and any other relevant information. Be as specific and thorough as possible.

_____

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_____

Signature:_____ Date_____

~ ~ ~ ~ Office Use Only ~ ~ ~ ~

Received by _____ on _____ Forwarded to _____ on _____

Results:_____

Advanced to _____ on _____

Results:_____