

1700 Spartan Drive Elgin, IL 60123-7193 847-697-1000 elgin.edu

Student Complaint Form

When a student believes that a condition exists that is in violation of his or her rights, college policies, rules, standards, and procedures, he or she has the right to file a complaint. Students' grievances /complaints are handled in accordance with Administrative Procedure 4.401, which can be found on the college's website.

The information you provide will be used in an effort to resolve your complaint and will be shared with the appropriate college personnel.

Complaints MUST be initiated within 20 school days of the occurrence of the incident. Prior to completing this form, SAVE the complaint form as a file titled, "Your Last Name-Complaint".

Open up the saved file and fill out the form completely. E-mail that completed complaint form back to the Dean of Student Services and Development at DeanofStudentServices@elgin.edu as an attachment, or print, sign and deliver back to the Office of the Dean of Student Services and Development, Room B105.13.

Please check the appropriate designation: Student: ECC Staff:						
First Name:	Last Name:					
E-mail Address:						
Student ID #:	Cell Phone Number:					
Other Phone Number:						
Street Address:	PO Box or Unit #:					
City:	State:	Zip Code:				
Date of Incident:		Date Complaint Filed:				
Description of Complaint (Please give specific details)						
Choose a Complaint Category from dropdown menu:						
Nature of complaint:						



The facts on which the complaints are based:

The relief or remedy reques	ted:		
Other information:			
Student Signature:		 	
signing this form, I am acknowledgi			urate to the best of mv

knowledge. Submission of his form via email will also serve the same purposes as the aforementioned acknowledgment.



FOR OFFICE USE ONLY:

Name of College Official:

Level I Complaint Response / Resolution (Please give specific details) **Choose a Complaint Category from dropdown menu: Response / Resolution from College Official:** Name of College Official: College Official's Signature: _____ Date: **Level II Complaint Response / Resolution** (Please give specific details) Appeal: **Response / Resolution from College Official:** Name of College Official: College Official's Signature: _____ Date: ____ Level III Complaint Response / Resolution (Please give specific details) Appeal: **Response / Resolution from College Official:**

Please send of copy of this completed form to the Dean of Student Services and Development, B 105.13 or email it to DeanofStudentServices@elgin.edu.

College Official's Signature: _____ Date: ____