



INGRAM STATE TECHNICAL COLLEGE

STUDENT COMPLAINT FORM

Student Name _____ AIS # _____

Program of Study _____ Last Date of Attendance _____

Facility _____

Mailing Address _____

City

State

Zip

What is your complaint pertaining to: (check one) Discrimination Harassment Grades
 Instructor Another Student Staff

Describe your complaint in detail. Use back of form for additional space as necessary. Attach any documentation which will help describe the problem and substantiate your allegations. Do not submit original documents as they may not be returned.

Certification

I certify that the above information is true and correct to the best of my knowledge and grant ISTC permission to release my name and complaint details to the President and/or his designee for response.

Signature of Complainant

Date