

# Chattanooga College Medical, Dental & Technical Careers Student Formal Complaint Form

Complete the form and submit it to Director at the East Gate Campus: 5600 Brainerd Rd.  
Chattanooga, TN 37411 423.305.7781 or 248 Northgate Mall Dr Ste 130, Chattanooga, TN 37415

Student Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Email \_\_\_\_\_ Phone \_\_\_\_\_

### Nature of Complaint

(Check the appropriate box)

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Academic         | <input type="checkbox"/> Technology    | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Admissions       | <input type="checkbox"/> Safety        | _____                                |
| <input type="checkbox"/> Financial Aid    | <input type="checkbox"/> Facilities    | _____                                |
| <input type="checkbox"/> Student Accounts | <input type="checkbox"/> Faculty/Staff |                                      |

Date of the Incident

Location of the incident

Term of Incident

### Complaint Summary

(Please attach a statement describing the nature of the complaint. The statement should include a description of the events or circumstances upon which the complaint is based and all supporting documentation should be attached.)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date Received