CHATTANOOGA COLLEGE
MEDICAL | DENTAL | TECHNICAL

STUDENT SERVICES

Student Formal Complaint Form

Chattanooga College Medical, Dental & Technical Careers

HOW TO SUBMIT

Complete the form and submit it to the Director at the Main Campus:
6397 Lee Highway, Chattanooga, TN 37421-2564 (423) 305-7781

1 Student Information

STUDENT NAME

ADDRESS | CITY | STATE | ZIP

STUDENT EMAIL | PHONE

2 Nature of Complaint

Check the appropriate box

- ☐ Academic
- ☐ Admissions
- ☐ Financial Aid
- ☐ Student Accounts
- ☐ Technology
- ☐ Safety
- ☐ Facilities
- ☐ Faculty/Staff
- ☐ Other

If Other, please describe: _____

3 Incident Details

DATE OF THE INCIDENT | LOCATION OF THE INCIDENT | TERM OF INCIDENT

4 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.

5 Signatures

STUDENT SIGNATURE _____ DATE SUBMITTED _____

FOR OFFICE USE

DIRECTOR SIGNATURE _____ DATE RECEIVED _____