



## STUDENT COMPLAINT FORM

### I. Complainant Information

Student Name _____	Student ID _____	
Street Address _____		
City _____	State _____	Zip Code _____
Telephone Number _____	Email _____	
Major _____		
Locations <input type="checkbox"/> Fulton Campus <input type="checkbox"/> Tupelo Campus <input type="checkbox"/> Belden Center <input type="checkbox"/> eLearning		

### II. Complaint Information

A. State the nature of the complaint (in five sentences or less).

B. Briefly describe the details of the complaint and indicate how the College has violated its policy(ies). The evidence should include relevant facts and documentation directly related to the complaint. Indicate the time frame in which the violations referenced in the complaint occurred.

The complaint must be signed and dated and sent as a paper copy to the appropriate office as identified in the Student Complaint Policy.

I have read the Student Complaint Policy in the *Student Guide* and agree that this form constitutes my formal complaint.

I hereby certify that all of the information I have given above is true and complete to the best of my knowledge.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

*Itawamba Community College is an equal opportunity institution. The College strictly prohibits discrimination in its educational programs and activities, employment practices and admissions processes on the basis of race, color, national origin, sex, disability, age, religion, ethnicity, pregnancy, sexual orientation, gender identity, genetic information, status as a U.S. veteran or other status protected by applicable law. For more information, contact the Vice President of Student Services, 602 West Hill Street, Fulton, MS 38843, 662.862.8271, or email TitleIXCoordinator@iccms.edu.*