(Student: Please route to Counseling Office at Anoka Technical College)

Anoka Technical College respects the rights of all students. Along with these rights, there is a corresponding responsibility for students to follow college policies and procedures. When a student believes a valid complaint should be registered against any member of the staff about the delivery of a course, grading or tuition the following form should be used to initiate the procedure.

Complainant____________________________________________________ Student ID _____________________________

Student Home Address_________________________________________________________________
_________________________________________________________________

Home Phone______________________________________ Cell/Work Phone_______________________________________

Describe your complaint as clearly as possible. Attach additional pages if necessary.
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

List any persons who may have knowledge of the complaint. (Please print)

Name_________________________________________________ Phone Number____________________________________

Name_________________________________________________ Phone Number____________________________________

Name_________________________________________________ Phone Number____________________________________

I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Student Signature______________________________________________ Date____________________________________

Counselor Signature____________________________________________ Date____________________________________