



Student Complaint Form

All students will be notified within two class days that a complaint has been received and a follow-up will be scheduled within ten class days of the date of the written complaint.

Student Name: _____ Program: _____
Phone Number: _____ Email: _____

Nature of complaint (please select):

Academic - Program, Course Content, Delivery Method, Instructor, Learning Environment, Access to Resources, etc.

Non-Academic - Student Services, Safety Concern, Administrative Action, Procedure, Decision, etc.

Students are encouraged to discuss their concerns and complaints via informal conferences with the appropriate administrator or instructor.

Have you attempted to resolve your complaint? Yes No

If yes, please provide any evidence of resolution steps (include dates, times, names, etc.):

Summarize the nature of your complaint using factual information in your narrative. You may attach an additional sheet of paper if needed:

Specify the outcome being sought:

With any additional comments, please attach a separate sheet to this form. For academic complaints, please submit a copy of this form to Academics@icohs.edu. For non-academic complaints, please submit a copy of this form to StudentServices@icohs.edu.

I hereby declare the information on this form is correct, true, and complete to the best of my knowledge. I understand that any misrepresentation of the information may result in disciplinary action in accordance with Student Code of Conduct policies.

Student Signature: _____ Date: _____