



**GUAM COMMUNITY COLLEGE  
STUDENT SUPPORT SERVICES  
Student Complaint Form**

**A complaint is an allegation of improper, unfair, arbitrary or discriminatory treatment by college personnel. Student should attempt to resolve concerns informally before filing a complaint. Any student or group of students may file a complaint concerning any campus issue and discuss it with the appropriate employees or administrators, but may carry it no further unless a complaint falls within the definition of a grievance. A complaint may constitute a grievance if the issue is not mutually resolved, and the complaint falls within the definition of a grievance.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (day): \_\_\_\_\_

\_\_\_\_\_

Evening or  
Cell: \_\_\_\_\_

Complaint Filed With: \_\_\_\_\_

Describe the nature of your complaint. (Be factual. Include names, dates, and other specific information. Describe actions you have taken to resolve the issue, e.g. discussed concern with instructor. Use reverse side if necessary.)

**END OF STATEMENT**



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Response requested:

\_\_\_\_\_ Administrative Awareness

\_\_\_\_\_ Meeting with persons involved and administration

\_\_\_\_\_ Other, explain \_\_\_\_\_

**Notification Date:** \_\_\_\_\_ **Notification Format:** \_\_\_\_\_

**Administrator's Notes:**

DATE OF INTERVIEW: \_\_\_\_\_

SSS STAFF PRESENT: \_\_\_\_\_

**ACTION OR RESOLUTION TAKEN:**

[ ] I \_\_\_\_\_, am satisfied with the resolution of my student complaint. My complaint was handled in a timely and professional manner and I would like to close my complaint.

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_



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I \_\_\_\_\_, am dissatisfied with the resolution of my student complaint. I would like to proceed to the step 3 and/or 4 of the Student Formal Complaint Process.

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Case Closed:**  **Yes**  
 **No**

**Reason:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
R. Gary Hartz  
Associate Dean, SSS

Date: \_\_\_\_\_