



LEARNER CONCERN FORM

DIN 3320-4-02

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Program/Major \_\_\_\_\_

Please respond to the following. Attach additional sheets if necessary. Describe your concern.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What steps have you taken to resolve the concern?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What action are you seeking to resolve this concern?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Office Use Only

Concern Received By: \_\_\_\_\_

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

What steps were taken to resolve this concern? (Attach notes from other staff if applicable.)

How was the concern resolved? Include dates of actions taken.

RETURN THIS FORM TO THE COUNSELOR.

Date of follow-up contact with learner: \_\_\_\_\_

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