



STUDENT 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?

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 VICE PRESIDENT FOR ACADEMIC AFFAIRS.

Date of follow-up contact with student: _____

Table with 4 columns: Documentation notice, Document Number, Revised date, Page number, Print Date, Level #, Next Review Date.