



Student Complaint Form

STUDENT WILL FILL OUT PARTS I-V, SIGN BELOW PART V
AND SUBMIT TO rkairalla@doral.edu

PART I: Initial Complaint Information

I. **Name of Student:** _____

II. **Student Email Address:** _____

III. **Date/Semester of Action that is the Subject of Complaint:** _____

IV. **Description of Complaint** (*separate pages may be attached, as well as supporting documentation*):

V. **Resolution Requested** (*please propose a resolution to the Complaint Officer that you believe would resolve complaint you are describing*):

Signature of Student

Date

Sufficiency Review Policy: Student complaints must meet the following sufficiency requirements in order to be forwarded to a Complaint Officer:

1. *The Complaint must complete all parts of the form above with no pertinent information missing.*
2. *The Complaint Description must be clear and specific enough to ensure that a Complaint Officer can readily understand the specific facts and issues that form the basis of the complaint. For example, complaints that merely express a general grievance with a Doral College employee or course (without identifying a specific complaint) will not meet this requirement.*
3. *The Complaint and its supporting document must be sufficiently concise enough that a Complaint Officer can readily ascertain the nature of the student's complaint. Students should avoid submitting excessive superfluous documentation (e.g., samples of every assignment completed in a course) and should only submit whatever materials they need to explain the complaint to the Complaint Officer.*

Complaints that do not pass Sufficiency Review will be returned back to the student along with an explanation of any deficiencies. Students will then be permitted to revise and re-submit the complaint (using a new Complaint Form) to address the deficiencies.

TO BE COMPLETED BY OFFICE OF GENERAL COUNSEL:

VI. **Sufficiency Review:** Completed Deficiencies Identified (*Provided in Separate Correspondence*)

Signature of Office of General Counsel: _____ Date: _____



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PART II: Complaint Review

VII. Complaint Officer Report

Name and Title of Assigned Complaint Officer: _____

Complaint Officer’s Ruling and Proposed Resolution (separate pages may be attached):

Signature of Complaint Officer

Date

VIII. **Student** (*check one*): Accepts Officer’s Resolution Wishes to Appeal Resolution

Signature of Student

Date

IX. **Appeal Officer** (*check one*): Upholds Officer’s Resolution Issues New Resolution Ruling

If Alternative Resolution Issued, Appeal Officer Shall Describe it Below:

Signature of Appeal Officer

Date

Name and Title of Appeal Officer

X. **Student** (*check one*): Accepts Officer’s Ruling Wishes to Appeal to Office of the President

Signature of Student

Date

XI. Office of the President Review:

If appealed to the Office of the President, decision shall be provided in a separate page.