

## Complaint Documentation Form (Doral College Employee or Policy)

STUDENT WILL FILL OUT PARTS I-IV AND SUBMIT TO GENERAL COUNSEL--  
please email to rkairalla@doral.edu

- I. Name of Student: \_\_\_\_\_  
II. Email Address: \_\_\_\_\_  
III. Date/Semester of Action, which is Subject of Complaint: \_\_\_\_\_  
IV. Doral College Employee who is Subject of Complaint (if applicable):  
\_\_\_\_\_  
V. Description of Complaint (*separate pages may be attached*):

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

\_\_\_\_\_  
Date

- VI. Description of Steps Taken to Resolve Complaint and Outcome (*separate pages may be attached*):

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\_\_\_\_\_  
Signature of Complaint Officer

\_\_\_\_\_  
Date

- VII. Student (*check one*):  Accepts Officer's resolution (or)  Wishes to appeal resolution.

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

\_\_\_\_\_  
Date

- VIII. \*If appealed to Hearing Committee, add decision of the Hearing Committee (*with date that decision was forwarded to student*) on a separate page.

- IX. \*If appealed to Hearing Committee, **Student** (*check one*):  Accepts Hearing Committee's resolution (or)  Wishes to appeal resolution,

- X. \*\*If appealed to President, add decision of President on separate page.

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

\_\_\_\_\_  
Date