



Complaint Documentation Form (Doral College Employee or Policy)

STUDENT WILL FILL OUT PARTS I-IV AND SUBMIT TO OFFICE OF ADMISSIONS AND STUDENT SERVICES

(Please hand deliver to our offices or e-mail directly to studentaffairs@doralcollege.com)

- 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*):

Signature of Student

Date

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

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