

STUDENT COMPLAINT FORM
The University of Akron
College of Health Professions
School of Speech-Language Pathology and Audiology

Date: _____ Student ID: _____

Name: _____

Telephone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

If applicable: Course: _____

Faculty Member: _____ Meeting Date: _____

School Director: _____ Meeting Date: _____

1. If this complaint involves an instructor or advisor have you sought resolution with that individual? _____ I have _____ I have not
2. Detailed description of the complaint (use a second page, if necessary):

Student Signature: _____ Date: _____

SCHOOL LEVEL

Action:

School Director Signature

Date