



Classroom/Academic Complaint Form

Directions

Please complete this complaint form, attach any supporting documentation you may have, and return it to the appropriate Dean's Office. The Dean will respond in writing to your request within 15 business days.

Student ID# _____

Your Cambridge College Location

- Boston
- Lawrence Puerto Rico
- Springfield Southern California

Student Name _____

Address _____

_____ Phone number _____

E-mail _____

Course _____ **Semester & Year** Fall Spring Summer Year: _____

Course Number example: WRT101	Section example: CA01	Course Name	Instructor

Complaint

Please give a DETAILED EXPLANATION of your complaint. Feel free to attach additional pages if necessary. Attach a copy of any supporting documentation you may have.

I hereby authorize Cambridge College to review my academic records and all information pertinent to this complaint. I certify that all statements I have made regarding this complaint are truthful.

Student signature _____ Date _____

Please do not write below this line — Dean's Office use only

Date received _____

Signature _____