



Student ID Number: _____

Date of Initial Complaint: _____

ACADEMIC COMPLAINT FORM

This form is for work-related complaints against a faculty member, such as grade disputes and other disputes of an academic nature. This form should be filled out by the student and submitted to Student Ombudsman in the event that the student and the faculty member cannot resolve the issue in question and **after a conference with the instructor has occurred.**

Date _____ Course _____ Name of Instructor (Last name first) _____

Name of Student (Last name first) _____

Address _____ City, State ZIP _____

Phone number (where we may contact you) _____

Please describe the issue giving rise to your complaint in as much detail as possible. Include any places, dates and/or times you can recall. **Note: Students must include evidence to support their request, as well as copies of any relevant documents (e.g. a course syllabus, email chains).**

Describe your attempts to resolve this with the instructor and what was the outcome of the meeting (This step is required)? **Note: A conference with the instructor must be scheduled outside of classroom hours.**

Please describe as clearly as you can what would resolve this issue in a satisfactory manner, in your opinion.

The above statements are true. I understand that any misrepresentation of the facts can result in formal disciplinary action. I understand that all communication, including the outcome of the appeal hearing, will be sent via email to my JC email address.

Signature of student _____

Date _____

Return the completed form to:

Student Ombudsman, Bert Walker Hall 100C, Jackson College 2111 Emmons Rd., Jackson, MI 49201

OR

Fax: 517-796-8477 **Email:** ombudsman@jccmi.edu

The Student Ombudsman will then document, evaluate, and send it to the appropriate Department Chair within 5 business days. The Department Chair will then arrange a meeting with you and the instructor within ten (10) business days of receipt of this completed form.

Date form received by the Student Ombudsman _____

Date form received by Department Chair: _____