

STUDENT COMPLAINT FORM
Southern University and A & M College
Department of Speech-Language Pathology and Audiology
College of Nursing and Allied Health

Date: _____

Student ID: _____

Name: _____

Telephone: _____

Email Address: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Course Name: _____

Faculty Member/Instructor/Clinical Supervisor: _____ Meeting Date: _____

Department Chairperson: _____ Meeting Date: _____

1. If this complaint involves an instructor or supervisor, have you sought resolution with that individual?

I have _____

I have not _____

2. Detailed description of the complaint (use a second page, if necessary):

Graduate Clinician Signature: _____

Date: _____

DEPARTMENT LEVEL

Department Chair Signature: _____

Date: _____