

# ESSEX COUNTY COLLEGE – ACADEMIC AFFAIRS

## Student Concern Form

### PERSONAL INFORMATION

Today's Date _____	Time _____	AM PM
Student Name _____	ID# _____	
Telephone _____	Email Address _____	

### COMPLAINT/PROBLEM/REQUEST

<b>Type of complaint/problem/request:</b> <input type="checkbox"/> Academic <input type="checkbox"/> Bursar Hold <input type="checkbox"/> Financial Aid <input type="checkbox"/> Other _____	<b>Semester Problem Occurred:</b> <input type="checkbox"/> Fall I <input type="checkbox"/> Fall II <input type="checkbox"/> Spring I <input type="checkbox"/> Spring II <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II
<b>Campus Problem Occurred:</b> <input type="checkbox"/> Main Campus <input type="checkbox"/> West Essex Campus <input type="checkbox"/> Other _____	<b>Year :</b> _____

Complaint/Nature of Problem /Request \_\_\_\_\_

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Please provide a brief summary and any supporting documents.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**ESSEX COUNTY COLLEGE – ACADEMIC AFFAIRS**

**Student Concern Form**

**FOR OFFICE USE ONLY**

Recommended Action \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred To \_\_\_\_\_ Date Referred \_\_\_\_\_

Resolved (    ) \_\_\_\_\_ Date                      In Progress (    ) \_\_\_\_\_ Date

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Staff Investigating Complaint

\_\_\_\_\_  
Date