TMCC
Truckee Meadows Community College

Submit to: Associate Dean of Student Support Services – RDMT 120

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Student Complaint Form

Name of Person Submitting Form: _____ _____
First Last

Address: _____ _____ _____ _____
Street City State Zip

Telephone Number: _____ **Department:** _____

Staff/Instructor: _____
if appropriate

Class: _____ **Section:** _____ **Time:** _____

Summary of Complaint

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Signature of Complainant **Date Submitted**

Last revised: 02/07

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