

Dean of Student Services
 Room Q1-376
 6600 34th Ave
 Moline, IL 61244
 309.796.5041
 Fax 309.796.5959



*NOTE – Online form fields
 will expand with text

STUDENT COMPLAINT FORM

Student Information		
Full Name		
Address		
City	State	Zip
Home Phone Number () -	BHC Student ID Number	
Cell Phone Number () -	Email	
How do you prefer we contact you? <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> email		
Location of Incident		
College Campus/High School/Off site. If BHC campus, please indicate proper location: Quad Cities Campus, East Campus (Galva), Community Ed Center (Kewanee), Outreach Center (East Moline), Adult Learning Center (Rock Island)		
Address	City	State
Complaint Information		
1. Complaint being filed against:		
<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff		
A. Name of person you are filling a complaint against?		
B. If the complaint is against an employee, please list the following		
Department/Office the person works in:		
Title of the person:		
2. Date(s) of Incident		
Time(s) of Incident		
3. Names of persons involved or witness if appropriate:		
Name	Name	
Name	Name	

4. Please describe your complaint in detail. Include the names of persons, location, and dates involved in your narrative. Attach any documentation which will help describe the problem and substantiate your allegations. (i.e. e-mails, assignment, syllabus, text, correspondence, etc.)

5. How have you attempted to resolve this situation or grievance? Please state who you contacted and what occurred as a result of your contact.

6. What resolution are you seeking?

Is there any person who you do NOT want to be told of your complaint? (Keep in mind that it may be difficult to resolve if those involved cannot be asked to explain or respond). NOTE: RETALIATION AGAINST ANYONE FOR MAKING A COMPLAINT IS ABSOLUTELY PROHIBITED AND WILL BE CONSIDERED A SERIOUS VIOLATION.

Name of person you do not want this information shared with _____

The information given in this complaint is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

RETURN FORM TO THE DEAN OF STUDENT SERVICES OFFICE – Q1-376

This Section To Be Completed By BHC Administration Only

Complaint Received by:	Date
Complaint Forwarded to:	Date
Steps Taken to Resolve It	Date
Any Other Actions Initiated by the Student to Resolve the Complaint	

Classification of Complaint: Academic Administrative Advising
 Enrollment Services Finance/Billing Financial Aid
 Non-College Personnel TITLE IX Other _____