



COLUMBIA COLLEGE

Tysons Campus
8620 Westwood Center Dr.
Vienna, VA 22182
TEL. 703-206-0508

Rockville Extension
20 West Gude Dr.
Rockville, MD 20850
TEL. 301-929-0565

Record Student Complaint

1. Complainant Information

Name		Class	
Campus	Tysons		Rockville
Program			
Date	____ / ____ / ____ (MM) (DD) (YYYY)		

2. Complaint Information

Explain the circumstances that led to your complaint. Be as specific as you can about your concerns, including dates and the name of instructors who may be involved. You may write in your language. We have several bilingual staff who speaks Korean, Chinese, Spanish, Vietnamese, Russian, Albanian, Farsi, or Mongolian.

The information given in this complaint is true and accurate to the best of my knowledge and I agree that I will provide any additional requested information or respond to questions from the related department regarding the review of my complaint. I understand that if I fail to provide requested information or respond to questions, the department may dismiss my complaint.

Student Name _____ **Student Signature** _____

Received by _____

3. Resolved Unresolved Other (Specify)

4. Action (Administered by _____ **)**

Administrator Signature _____ **Date:** _____