**CESL Student Complaint Form**

This form should be used if you have a complaint, issue or concern about a CESL teacher, staff member, or policy that you would like to be solved. Your complaint will be reviewed by the CESL Director and you will be notified of a resolution as quickly as possible.

Your Name: Today’s Date:

CESL Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your complaint? (Check all that apply).**

If you need more space use the back of this sheet:

* Problem with a CESL teacher Name of Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Explain your problem:

* Problem with a CESL Staff Member Name of Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Explain your problem:

* Problem with another CESL student Name of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Explain your problem:

* Problem with your CESL level

 Explain your problem:

* Problem with a CESL policy

 Explain your problem:

**What do you think should happen?**

* Schedule a meeting with the CESL faculty or staff member
* Schedule a meeting with the CESL Advisor or Director
* Other suggestions. Please explain:

**Office Use Only:**

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action Taken:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Responsible Authority:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resolution/Comments (must be signed and dated by CESL Director):

*Copies of the complaint will be filed in complainant’s folder, CESL Complaint File, and other copies filed in student folders as needed.*