

STUDENT COMPLAINT FORM
Allied Health Department | Mineral Area College

Program: Nursing Paramedic EMT Radiology

Date: _____

Student Name: _____

MAC Student ID: _____

What is the issue?

What do you want?

How do you propose getting what you want?

Provide research on the matter that you've done:

Student Signature: _____

Date: _____

For Office Use Only

Administrative Resolution Decision:

Program Director Signature: _____

Date: _____