

IVCCD Constituent Feedback/Complaint Form

Iowa Valley Community College District
Marshalltown • Ellsworth • Grinnell • Continuing Education

Ellsworth Community College Marshalltown Community College IVCC Grinnell

The District is committed to providing high quality services. We strive to deal with all students and stakeholders in a manner which is fair, efficient and courteous. Your feedback and complaints are important to the improvement of our services. The District believes in maintaining an educational environment that is positive and productive for its students and constituents. If a constituent feels s/he has been unfairly treated or had an unsatisfactory experience in one of our programs or services (e.g. technology, accessibility, customer service, policies), the constituent may file a non-grievance feedback/complaint by completing this form.

Today's date _____

Date of Incident _____

Student Name _____

Home Address _____
PO Box/Street – City – State - Zip Code

Home Phone _____ Cell Phone _____

Feedback or complaints that are unrelated to a student grievance should follow these steps:

1. Complete this IVCE Constituent Feedback/Complaint Form
2. Discuss the feedback/complaint with those within the department or a supervisor with oversight of that area.
3. If you are dissatisfied with the results of the initial meeting, should contact the member of the IVCCD Administrative Leadership Team with oversight over the area to discuss the concern.

In the space below and on the next page, provide all relevant details and attach any documentation in support of your feedback or complaint. Please be specific regarding any incident, activity, or policy for which you have feedback or concerns and suggest any recommendations for the District regarding this feedback. Use additional sheets if necessary.

Do you wish to have a response to this feedback/complaint: ___ Yes, please call ___ No, just FYI

My signature indicates that I declare all statements made herein and any attachments are true and correct to the best of my knowledge and belief. I hereby authorize all IVCCD officials to conduct whatever investigations may be necessary in considering this feedback/complaint.

Signature of Applicant _____

Date _____

For Office Use:

Date received: _____ Handled by: _____

Description of Resolution: