

# Student Feedback/Complaint (Non-Grievance) Form

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

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Ellsworth Community College    Marshalltown Community College    IVCC Grinnell

Please type or print. Upon completion, please submit this form to the department faculty or supervisor with oversight of the department involving the feedback/complaint.

Date of Incident \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Student ID \_\_\_\_\_  
Last - First - Middle Initial

Address \_\_\_\_\_  
PO Box/Street - City - State - Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

The College is committed to providing high quality services. We strive to deal with all students in a manner which is fair, efficient, and courteous, and your feedback and complaints are important to the improvement of college services (e.g., technology, accessibility, customer service, policies). All complaints and feedback (including the outcome) are documented and shared annually with the College Provost. Feedback or complaints that are unrelated to an official student grievance should follow these steps:

1. Complete the Student Feedback/Complaint Form found in the Dean of Students' office or on the College website.
2. Discuss the complaint/feedback with those within the department faculty or supervisor with oversight of that decision, policy, or service.
3. If a student is dissatisfied with the results of the initial meeting, s/he should contact the member of the College's administrative 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 College 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 request.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE:**

Received \_\_\_\_\_ Date \_\_\_\_\_ Handled by \_\_\_\_\_

Description of Resolution: