

Student Feedback/Complaint (Non-grievance) Form

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

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. **Examples include: technology, accessibility, customer service, and 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, he or she should contact the member of the college's administrative team with oversight over the area to discuss the concern.

In the space below, please 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. Please suggest any recommendations for the college regarding this feedback. Please 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 _____

Received _____ Date _____ Handled by _____

Description of Resolution _____ March 2018