

**OHLONE COLLEGE
STUDENT COMPLAINT FORM**

NAME _____
(Print Last Name, First Name, Middle Initial)

ADDRESS _____
Street City Zip Code

TELEPHONE _____
(Home and Cell)

STUDENT ID NUMBER _____

PERSON(S) WHOSE ACTIONS GAVE RISE TO COMPLAINT _____

WHAT RULE, REGULATION, LAW, OR STUDENT RIGHT DO YOU ALLEGE HAS BEEN VIOLATED?

PLEASE EXPLAIN YOUR COMPLAINT (Provide complete details and dates. Present facts. Attach any materials you want to support your complaint.)

RESOLUTION SOUGHT _____

DATE _____ SIGNATURE _____

Return this completed form to the Office of the Vice President, Student Development (Room 1102A) on the Fremont campus, or to the Student Development Office (Room 1309) at the Newark Center for Health Sciences and Technology.