

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 Services, room 7122 on the Fremont campus, or to the Office of the Associate Vice President, Academic Affairs at the Newark Center for Health Sciences and Technology, room NC-1217.