



COMMUNITY COLLEGE-NORTHERN INLAND INC

## Complaint Record Form

Date .....

Complainants Name .....

Complainants Role    Staff       Student       Other  

**Complainants Contact details**

Address .....

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Phone .....

Email .....

Complaint received by: Name .....

Signature .....

Description of complaint: .....

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Action taken locally: .....

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Further action required:        Executive Officer    Date .....

within 24 hours

   President    Date .....

   Mediation    Date .....

Resolution .....

.....

Signature: .....    Date: .....