

Formal Student Complaint Form

Name: _____ Student No. _____

Email: _____ Phone No. _____

Program. _____

Nature of the complaint:

Date of incident(s):

Location of incident(s):

Individual(s) Involved:

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List any witness(es) to the incident(s):

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Describe the outcomes from the incident:

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In an effort to address the incident(s), I have taken the following actions:

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If applicable, describe the outcomes of any conversations with individuals involved in the complaint.

Requested remedy:

Department(s) involved in the complaint:

<input type="checkbox"/> Aboriginal Resource Centre	<input type="checkbox"/> Library
<input type="checkbox"/> Applied Research & Innovation	<input type="checkbox"/> Marketing & Communications
<input type="checkbox"/> Bookstore	<input type="checkbox"/> Office of the Registrar
<input type="checkbox"/> Burns Lake Campus	<input type="checkbox"/> Planning & Institutional Research
<input type="checkbox"/> Campus Housing	<input type="checkbox"/> Policy, Planning & Strategy
<input type="checkbox"/> Centre for Teaching & Learning	<input type="checkbox"/> Quesnel Campus
<input type="checkbox"/> CNC Research Forest	<input type="checkbox"/> Safety & Security
<input type="checkbox"/> Facilities Services	<input type="checkbox"/> School of Access & Continuing Education
<input type="checkbox"/> Finance	<input type="checkbox"/> School of Health Science
<input type="checkbox"/> Financial Aid	<input type="checkbox"/> School of Human Services, University Transfer and Business Studies
<input type="checkbox"/> Food Services	<input type="checkbox"/> School of Trades & Technologies
<input type="checkbox"/> Fort St James Campus	<input type="checkbox"/> Student Services
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Testing & Tutoring
<input type="checkbox"/> International Education	<input type="checkbox"/> Vanderhoof Campus
<input type="checkbox"/> IT Services	<input type="checkbox"/> Other

By submitting this formal complaint, I acknowledge and agree to the following:

1. A four (4) person committee will be formed to review my complaint, with the Chair a non-voting member responsible for making sure committee members are free of bias relating to my complaint.
2. I may be required to provide additional information and meet with the committee during the review of my complaint.
3. I am welcome to bring a support person to any meetings with the College during the complaint resolution process as outlined in the [Student Complaint Resolution Policy](#).
4. I am encouraged to reach out to the CNC Student Union for support and guidance during the complaint resolution process.
5. No adverse action will be taken against me for filing a complaint in good faith.
6. It is not possible to remain anonymous to those involved in the complaint, however all details related to my complaint will remain highly confidential.
7. My personal information, including details related to my complaint, will be protected and shared in compliance with BC's *Freedom of Information and Privacy Act*.
8. I may withdraw my complaint at any time through written notice to the Director of Student Services.

Signature: _____

Name: _____

Date: _____

Please submit this form to complaints@cnc.bc.ca where it will be forwarded to the Director of Student services and the appropriate Dean, Director or Regional Principal. You may also drop off a paper form to the Student Services Office. If your complaint is about the Director of Student Services, please submit your complaint to _____.