



COMPLAINT FORM

Please read the **Complaints Procedure** before completing this form. We always exert the best effort to ensure confidentiality and consistency during the full investigation of the incident. Anonymous complaints will not be accepted.

AIA-NO. 000 -

Date:	Student No.:	Program:	Course (If Applicable):
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Name:	Email:
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DESCRIBE YOUR COMPLAINT (Be as detailed as possible, including any witnesses. If you are describing an individual, explain why and what they did. If the complaint was received via email, please indicate it here and attach a copy):

STEPS YOU TOOK TO RESOLVE THIS ISSUE:

I declare that to the best of my knowledge, this form contains complete and accurate information of all the factors relevant to my complaint. I understand that a copy of this form may be provided to a staff member that is the subject of this complaint, or is otherwise involved, and that submitting a complaint which is found to be mischievous or malicious may be deemed to be a breach of the **Code of Conduct Policy**.

Signature: _____ Date: _____

The completed form should be addressed to the Complaints Resolution Office, Academic Director, Student and External Affairs, or sent by email to info@slc-alpha.ca.

OFFICE USE ONLY Received By: _____ Date: _____