

Classroom/Academic Complaint Form

Directions

Please complete this complaint form, attach any supporting documentation you may have, and return it to the appropriate Dean's Office. The Dean will respond in writing to your request within 15 business days.			Student ID#	
			Your Cambridge College Location ☐ Boston ☐ NEIB ☐ Lawrence ☐ Puerto Rico	
Student Name			Springfi	
Address				
		Phone number		
E-mail				
Course	Semester & Ye	ear		
Course Number example: WRT101	Section example: CA01	Course Name		Instructor
Complaint				
	D FXPI ANATION of vo	our complaint. Feel free to attach additional pages if nece	essarv.	
Attach a copy of any s			, ,	
I hereby authorize Cal	mbridge College to re	view my academic records and all information pertinen	t to this compla	nint.
I certify that all statem	nents I have made reg	arding this complaint are truthful.		
Student signatur	re	Date	e	
On paper printout or	electronic*			
*Please see electr	onic signature op	tions on the Registrar's web page.		
	DIZ	ease do not write below this line — Dean's Office use o	nlv	
	1 10	Dean 3 office use of	,	
Date received		Signature		