**J. D. WILLIAMS, SR. BIBLE INSTITUTE**



Student Complaint Form

Name \* Email \*

First Name Last Name example@example.com

**Phone Number \* STUDENT ID NUMBER**

Area Code – Phone Number

**Address**

#

Street Address

City State / Province

Postal / Zip Code

**Name of factulty/staff member(s) against whom complaint is lodged:**

**Name of the compliant:**

**Facts (what evidence supports the complaint? How may this be vefified?)**

**Have you met with the staff or faculty member regarding this complaint?**

[ ]  Yes [ ]  No

**If so, when did you meet?**

mm-dd-yyyy

**What was the outcome of the meeting?**

**Remedy (What solution, if any, do you seek?)**

**Witnesses (If Any)**