



WCCC Student Complaint Form

Student Name _____ Student ID # _____

E-Mail where you can be reached _____

Date and approximate time of the incident/issue: _____

Briefly describe the complaint and attach any supporting information

What is your proposed solution (if you have one)

Signature _____

Date _____

Please e-mail this form to: pratt@warren.edu or deliver to Barbara Pratt in the Office of Campus Operations. Your complaint will be assigned to the appropriate college official, who will contact you shortly.

If this complaint is related to perceived harassment, discrimination, sexual harassment/assault or a complaint about employee or student behavior, please contact the Title IX Coordinator, Ms. Sharon Hintz, at hintz@warren.edu or via phone at (908) 835-2356.

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Date complaint received: _____ Received by: _____