OFFICIAL COMPLAINT FORM

DATE SUBMITTED: _____

STUDENT NAME (PLEASE PRINT FULL NAME)

PROGRAM REGISTERED IN

Please outline your complaint, providing as much detail as possible.
(Use reverse side if necessary)

RECEIVED BY:_____ **RECEIVED ON**:_____

STUDENT SIGNATURE:

**** By signing below, you acknowledge that you have read and agree to follow all of Island Career Academy's Rules and Regulations:***

X _____

STUDENT SIGNATURE