

**COMPLAINT FORM**

**(For issues NOT related to specific courses)**

Name

Telephone Number(s)

E-mail

Date of Complaint

Related ACPE standard, if applicable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concise statement of the complaint:

Signature Date

1. Attach copies of relevant documents, if needed
2. Submit this form to the College of Pharmacy Associate Dean for Academic Affairs

College of Pharmacy Associate Dean for Academic Affairs comments:

Associate Dean for Academic Affairs signature Date