



BRIDGERLAND
 APPLIED TECHNOLOGY COLLEGE
 1301 NORTH 600 WEST, LOGAN UT 84321
 PHONE: (435) 753-6780 • FAX: (435) 752-2016

Complaint Submission

Please *Print* or Type

General Information

Name:		Date:	
Address:			
Telephone (Home):		Telephone (Mobile):	
Have you finished an Informal Grievance process by speaking with an instructor/department head or associate vice-president prior to submitting this form?			Yes
			No
If "No" please provide an explanation why you have not made an effort to resolve the problem through the Informal Grievance process. (Use the back of this page if necessary.)			

Complaint Specifics

Complete the second page of this form to provide the specifics about your complaint(s). Please remember to attach any supporting documentation/evidence to substantiate your claim(s).

Complaint Certification

I certify the information presented above and attached hereto is true, accurate and complete to the best of my knowledge.

 Signature of Complainant

Mail this completed form and all supporting documentation within 90 days of the occurrence of the circumstance to: Vice President for Student Services, Bridgerland Applied Technology College, 1301 North 600 West, Logan, UT 84321.

Complaint Specifics

Reminder:

The complaint must :

- specifically identify the policy, procedure, or status violated, misinterpreted, or inequitably applied.
- It must furnish sufficient background concerning the alleged violation, misinterpretations, or inequitable applications to identify persons, actions, and/or omissions that led to the allegation.

Claim 1

Claim 2