

College of Education Complaint Form

Section I: Complainant's Contact Information				
Last Name	First Name	Middle Name		
Mailing Address City	y, State, Zip			
Phone Number Ema	ail			
Additional Contact				
Information				
Section 2: Complainant	's Role			
Student	Employee	Former Student		
Cooperating Teacher	School Administrator			
Other:				
Section 3: Describe the	Nature of the Complaint			
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Date Incident Occurred:				
Name(s) of People Involved:				
1				
Location of the Incident:				
Description of Incident:				
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ction 4: List any Supporting Documentation and Attach such Documents to the				
omplaint.				
ection 5: Describe any	Efforts Taken Alre	eady to Resolve the Issue.		
4: 6 6: 4				
ection 6: Signature				
Print Full Name	Signature	Date		
PP. Complaints must be sub	d written statement of comitted in writing, using omplaints must be addr	omplaints or concerns relating to the University g the designated form and should include any essed to the Associate Dean, Office of the Dean		
Office of the Dean		Complaints may also be faxed to: Office of the Dean		
Texas A&M International University College of Education Anthony J. and Georgia A. Pellegrino Hall (PLG),		College of Education Fax: (956) 326-2419		
Room 301 5201 University Boulevard Laredo, TX 78041	i			
r more information on the Ollege of Education website	1	lease see Policy statement on this available on the		
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OR OFFICE USE ONLY:				
Date Received:		Received by:		
Date Processed:		Processed by:		