SOUTHWEST TEXAS COLLEGE

STUDENT COMPLAINT FORM

(In accordance with FLD Local Policy – Student Rights & Responsibilities)

A. STUDENT INFORMATION

Name: _____ Student ID #: _____

Campus: ☐ Uvalde ☐ Eagle Pass ☐ Del Rio ☐ Crystal City ☐ Hondo ☐ Pearsall

Phone: _____ Email: _____

Mailing Address: _____

B. TYPE OF COMPLAINT

☐ Academic (grades, instructor conduct, classroom issue)

☐ Non-Academic (student services, financial aid, advising, etc.)

☐ Discrimination or Harassment (race, sex, disability, etc.) → Refer to FFDA/FFDB

☐ Retaliation Related to Discrimination or Harassment → Refer to FFDA/FFDB

☐ Disciplinary Decision → Refer to FMA

☐ Peace Officer Conduct → Refer to CGFA

☐ Withdrawal of Consent to Remain on Campus → Refer to GDA

☐ Other (please specify): _____

C. INFORMAL RESOLUTION ATTEMPTS

(FLD LOCAL) encourages students to resolve concerns informally first, at the lowest administrative level possible.)

Date issue first occurred: _____

Date concern first discussed with staff/faculty: _____

Name/Title of person contacted: _____

Summary of informal efforts made to resolve issue: (If needed you can add a separate page)

_____

_____

_____

_____
_____
_____

☐ **Check if no informal resolution was attempted due to (explain): _____**

_____
_____
_____
_____

D. FORMAL COMPLAINT DETAILS

Describe the nature of your complaint:_____

_____
_____
_____
_____
_____
_____

Identify specific decision(s), action(s), or event(s) giving rise to complaint:

_____
_____
_____
_____

Date you first became aware of the decision/action: _____

What outcome or resolution are you seeking? _____

_____

E. SUPPORTING DOCUMENTATION

Attach copies of all relevant documents supporting your complaint (emails, correspondence, grade reports, receipts, etc.)

◯ Documentation Attached

◯ No documentation available at this time

F. REPRESENTATION

Under FLD (LOCAL), a student may designate a representative at any stage of the process.

◯ I will represent myself

◯ I am designating a representative:

Representative Name: _____

Phone/Email: _____

Signature of Student: _____ Date: _____

G. SUBMISSION INFORMATION

This complaint must be filed within 15 days from the date the student first knew, or reasonably should have known, of the issue giving rise to the complaint.

Submit this completed form to:

- The lowest-level administrator who has the authority to address the concern (e.g., Department Chair, Success Coach, or Vice President of Students Services).
- Forms may be submitted by hand, email, fax, or U.S. mail as specified in (FLD LOCAL).

If the issue is not resolved, the student may appeal sequentially as follows:

• Level One: Department Chair / Success Coach

• Level Two: Academic or Technical Dean / V.P. of Students Services

• Level Three: College President or Designee

• Level Four: SWTX Board of Trustees

H. FOR OFFICE USE ONLY

Date Received: _____ Received By: _____

Position/Office: _____|

| Level | Date of Conference | Response Date | Outcome/Resolution Summary |

Level 1: _____

Level 2: _____

Level 3: _____

Level 4: _____

Administrator Notes:

_____

_____

_____

_____

_____

Student Signature: _____ Date: _____

Administrator Signature: _____ Date: _____