



TRIDENT TECHNICAL COLLEGE

Submit completed form to wendy.albano@tridenttech.edu

Reporting Party Name	First	
	Last	
Address	City	
	State	
	Zip Code	
Phone		
Email Address		
Please describe the complaint that is being registered. Clearly detail events that occurred.		
Identify the person(s) involved in the complaint		
Date of the incident		
List any witnesses, you believe have direct knowledge of your allegation that we may contact for additional information to support or clarify your complaint.		
What resolution do you seek?		
Additional Comments:		
Confirmation:	<input type="checkbox"/> I attest that the information provided is true and accurate to the best of my knowledge	
	Signature	
	Date	

For college use:
Resolution:

Date written response sent: