

**STUDENT COMPLAINT / GRIEVANCE FORM**

*(Please submit this form to Student Services Coordinator)*

Personal information to be completed by the student (please print or type).

Name (Last, First)

\_\_\_\_\_

Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

Mailing address (Street) (City) (State) (Zip)

\_\_\_\_\_  
\_\_\_\_\_

Daytime phone number & Email address

\_\_\_\_\_  
\_\_\_\_\_

Please substantiate your complaint/grievance, including the date of incident, party against whom the grievance is being made, and the dates of attempted resolution. Attach additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate what policy or procedure has been violated and explain why. Attach additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your attempt to resolve this complaint/grievance with the involved individual and the outcome, if any. Attach additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_

*Please see the next page.*

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Please state your expected resolution. Attach additional sheets if necessary.

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I understand that information contained in this complaint/grievance form will be held confidential. Information may be shared with University's officials to conduct a thorough investigation. By signing below, I declare that the information on this complaint/grievance form is true and complete and that any attached documents will not be returned to me. I understand that any misrepresentation of information may result in disciplinary actions, in accordance with University's disciplinary policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Upon the University's disposition of your complaint, if you consider that the University has not adhered to its policy or has not been fair in handling your complaint, you may contact:

**Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)**

8941 Aztec Drive, Eden Prairie, MN 55347

Phone: (952) 212-2434

Fax: (952) 657-7068

Web: [www.acaom.org](http://www.acaom.org)

**Bureau for Private Postsecondary Education**

1747 N. Market Blvd. ste 225; Sacramento, CA 95834

Toll-free: (888) 370-7589 or (916) 574-8900. Fax: (916) 263- 1897 [www.bppe.ca.gov](http://www.bppe.ca.gov)

**California Acupuncture Board**

1747 N. Market Blvd, Suite 180, Sacramento, CA 95834

Tel (916) 515-5200, Fax (916)928-2204. [www.acupuncture.ca.gov](http://www.acupuncture.ca.gov)