

OVCMT International Student Complaint Form

Instructions:

Add your name, signature and date to any extra pages. Submit completed form to the OVCMT Liasson Support Coordinator

Date:

STUDENT INFORMATION

First Name:**Student ID #:****Last Name:****Cohort:**

INCIDENT DETAILS

Date of Incident:**Time of Incident:****Location of Incident:****Type of Incident**

- ☐ Academic/ Educational
- ☐ Administrative or Student Services
- ☐ Education Agents Related
- ☐ Harassment/Discrimination
- ☐ Other

Detail Description of Incident: (what happened, who was involved)

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Impact of the Incident:

WITNESSES (if applicable)

WITNESS 1		WITNESS 2	
Name:		Name:	
Contact Information:		Contact Information:	
Relationship:		Relationship:	

Witness Information:

STUDENT DECLARATION AND SIGNATURE

I, _____ certify that the information provided here is true and accurate to the best of my knowledge and belief, and I understand that providing false information could result in disciplinary action up to and including dismissal from the program.

Student Signature

Date

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OFFICE USE ONLY

Date Received:		Received By:	
Initial Notes:			
Action Taken:			
Follow Up Date (if applicable):			

Staff Signature

Date