# **OVCMT** International Student Complaint Form

	Instructions: Add your name, signature and date to any extra pa completed form to the OVCMT Liasson Support Coor	ur name, signature and date to any extra pages. Submit			
0	TUDENT INFORMATION				
2					
F	irst Name:	Student ID #:			
L	ast Name:	Cohort:			
	INCIDENT DETAILS				

Date of Incident:	Time of Incident:
Location of Incident:	
Type of Incident	<ul> <li>Academic/ Educational</li> <li>Administrative or Student Services</li> <li>Education Agents Related</li> <li>Harassment/Discrimination</li> <li>Other</li> </ul>

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

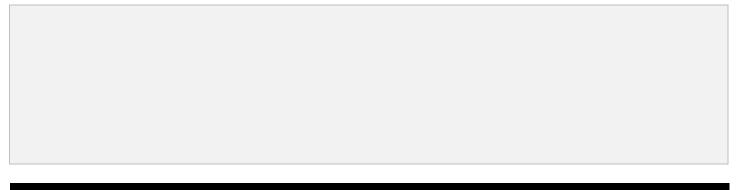
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Impact of the Incident:

### 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