

**BLUE MOUNTAIN COMMUNITY COLLEGE  
Complaint Form**

Person Making Complaint \_\_\_\_\_

Telephone Number \_\_\_\_\_

Nature of Complaint \_\_\_\_\_

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

Suggested Correction \_\_\_\_\_

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

Office Use: Disposition of Complaint: _____
Signature: _____ Date: _____

cc: Office