

**GRAND RAPIDS COMMUNITY COLLEGE
COMPLAINT/CONTACT FORM**

_____ **Complainant's Name**

_____ **Student ID#/Social Security #**

_____ **Telephone #**

_____ **Address**

_____ **City**

_____ **Zip**

_____ **E-mail address**

_____ **Business Telephone #**

_____ **Home Telephone #**

_____ **Date**

Subject:

Follow-up:

Results/recommendations:

Submitted by: _____ **Date:** _____

CC: