

278 Whites Bridge Road | Standish, Maine 04084

http://www.sjcme.edu

CONSUMER GRIEVANCE FORM

Please note that Saint Joseph's College cannot act on an anonymous complaint. All fields must be completed. Submit completed request forms to grievances@sjcme.edu. Direct questions pertaining to this form to 1-800-343-5498.

Date			
Student ID#			
Last Name	First Name		MI
Address	City		State
Email	Telephone		Zip
Preferred Method of Contact			
Affiliation with College	Current Student	Former Student	Parent or guardian
Degree level and major/concentration of	affected student		
Date of attendance at College	<u>Start</u>	End_	
Grievance Please describe your grievance in detail.	Attach additional sheets as need	ded	
Please give titles and contact information	n for the individuals, if any, you r	nentioned above.	
By submitting this form, I affirm that I am a current or former student who is current information I have provided is complete, to I authorize and request the Registrar at Sa Committee any and all records containing school records including application and as statements.	tly under age eighteen (18) and is urue, and correct to the best of my laint Joseph's College to disclose to education information. Records 1	under my legal guardians knowledge and belief. the Saint Joseph's Colle requested may include, by	ship. I certify that the ge Grievance Review ut are not limited to, all
Signature	Date		
Print Name			