



Section	Administration
Number	165
Title	Complaint Policy
Date Originated	05/05/09
Date Revised	
Supersedes	

POLICY:
Complaint Policy

PURPOSE:

Provide a policy and procedure for the filing of a complaint arising from a person(s) internal or external to the College. All information regarding the complaint shall be kept confidential. Those investigating a complaint may only discuss it with those individuals who are immediately involved in the dispute.

The College reserves the right, at its sole discretion, to refuse to proceed with any complaint that it determines to be inappropriate under this policy.

PROCEDURE:

An appropriate complaint is defined as a noted dissatisfaction with any application or interpretation of a work process, policy or procedure at the College other than issues specific to the Student Code of Conduct, Non-Discrimination, or Whistle Blower policy. Code of Conduct, Discrimination, or Whistle Blower issues will be addressed by the procedures outlined in those policies.

A written complaint must be submitted to the Administration Office. The complaint must specify the facts and circumstances which gave rise to the complaint (see Complaint Form). The College President or their designee shall respond to the complaint in writing within ten (10) working days of its receipt. If additional time is needed to respond to the complaint, the person filing the complaint will be notified.

Committee(s) Approved and Revised

A&P	CC	FA	LERC	SA	FO	Admin. Team	President	BOT
n/a	n/a	n/a	n/a	n/a	n/a	05/05/09	05/05/09	n/a



COMPLAINT FORM

Section I - to be completed by person(s) filing the the complaint.

Name: _____
Person(s) Filing the Complaint – Please Print

Contact Information:

_____ Street Address City State Zip

Phone: _____ **Email:** _____

Nature of the Complaint and Incident Date:

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Signature of Person Filing Complaint Form:

Date Complaint Filed:

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Note: If more space is needed, please attach additional pages. Any support ing documents or other relevant materials should also be attached.

Section II - to be completed by MedCentral College of Nursing President or designee.

Name: _____ **Date:** _____

Title: _____

Response: