

STUDENT FEEDBACK FORM

****Note: Grade Appeals should be submitted in accordance with the Grade Appeal Procedure in the Student Handbook. Please contact Carolina Castillo at carolina.castillo@morton.edu for more information about the grade appeal process. ****

Full Name: _____ Student ID # _____
 Email Address: _____ Phone Number: _____
 Home Address: _____ City, State: _____ Zipcode: _____

Filing Feedback in 4 Easy Steps:

1. Please type a summary of your feedback on a separate document. Within your summary please answer the questions below and provide any additional information you feel is necessary.
 - a. Who was involved?
 - b. What happened?
 - c. When did this occur?
 - d. Where did this occur?
 - e. Why are you writing this statement?
 - f. What is your desired outcome?
2. Attach the summary to this completed form and submit to the Dean of Student Services at deanofstudents@morton.edu
3. Submit additional evidence and/or documentation with this form.
4. The Dean will forward to a committee for review. Students should expect to receive a response within 30 college-business days via U.S. mail from the date the form was received.

 Students Signature

 Date

By submitting this form and typing my name above, I certify that the information is complete and accurate.

Students must initiate the student complaint and grievance procedure within 30 college-business days of the end of the term in question.

FOR OFFICE USE ONLY Committee Review: ➔

Reader: _____	Approve: _____	Deny: _____	Date: _____
Reader: _____	Approve: _____	Deny: _____	Date: _____
Reader: _____	Approve: _____	Deny: _____	Date: _____
Reader: _____	Approve: _____	Deny: _____	Date: _____

Communication to Student Completed: _____
Administrator Name Date