

International Christian Institute and Linguistics School

Phone: (281) 561-0809 11931 7th Street. Houston, Texas 77072 Fax: (281) 495-2763

Email: info@icihouston.org Website: www.icihouston.org

SEVIS School Code: (HOU214F00418000)



Student Complaint Form Statement of Formal Complaint



Confidential Information

Date: (MM/DD/YY) _____

Student Name: (Last) _____ (First) _____ (M.I) _____

SEVIS Number: N00 _____ **Teacher Name:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Please check all that apply:

- I have read the **Student Complaint Policy & Procedures** in the Student Handbook.
- I have tried to resolve the problem informally by talking to the person involved and/or with the direct supervisor regarding my complaint.
- I have spoken with the following person(s) in an effort to resolve the issue:
- I feel the issue has not yet been resolved.

Formal Statement of Complaint:

(Please include names of other persons involved, any witnesses and support documentation. If additional space is needed please use another sheet of paper and attach to this form.)

Student Resolution Request:

(Please provide a desired resolution to your complaint, below.)

I would like ICILS to consider my complaint, I understand that:

- You will need to handle personal details about me, which could include sensitive information (for example, relating to health matters) in order to deal with my complaint effectively.
- You may need to exchange information about my complaint with other persons within ICILS and external organizations (For example, to find out important facts relating to my complaint).
- I believe that the facts stated in this application are true.

Student Signature: _____ **Date:** (MM/DD/YY) _____

If you need assistance completing this form, please see your student advisor.
Please submit this original form and any supporting documentation to the main office receptionist.

**KEEP A COPY OF THIS FORM AND ANY DOCUMENTS ATTACHED THAT YOU SEND.
IT MAY NOT BE POSSIBLE TO RETURN THE ORIGINAL DOCUMENTS.**

.....
Date of Review: (MM/DD/YY) _____ **P/DSO Signature:** _____