Complaint Form
Pierpont Community & Technical College

Name of Person Filing Complaint: ____________________________________________________________

Role: ___ Student   ___ Faculty/Staff   ___ Other: _____________________________________________

If Other and filing on behalf of a student, do you have a FERPA Release? ___ Yes   ___ No

Telephone: _________ Daytime _________ Evening      Email: ________________________________

Please describe in detail the nature of the complaint. If applicable, provide dates and names of specific individuals involved.

RETURN COMPLETED FORM TO THE PIERPONT OFFICE OF STUDENT SERVICES, 248 HARDWAY BUILDING OR BY EMAIL TO JENNIFER.WEIST@PIERPONT.EDU