v	W WRITE W	
Your full legal name:	Your MBI ID No:	
Telephone:	Your email address:	
•		
Name of the course:		
Name of the instructor:		
The first date on which the incident occurred:		
The first date on which the incident occurred:		
Please describe your complaint in detail. Include	the names of individuals, assignments, locations	
and dates that apply to your complaint.	, 0	
F J J J J J J J J J J J J J J J J J J J		
What attempts have you made to resolve this complaint up to now? Please state who you		
contacted and what transpired.		
contacted and what transpired.		

Why do you think the complaint was not able to be resolved in your prior attempts?		
What resolution do you seek?		
Please provide any additional information concerning your complaint. Any additional information you provide will help us resolve the issue.		
Is there any person who you do NOT want to be told of your complaint?		
(Keep in mind that it will be difficult to resolve the issue if those involved cannot be asked explain or respond).	to	
NOTE: RETALIATION AGAINST A STUDENT FOR MAKING A COMPLAINT IS ABSOLUTELY PROHIBITED, AND WILL BE CONSIDERED A SERIOUS VIOLATION OF PROFESSIONAL RESPONSIBILITY.		
I hereby certify that the above information is true and correct to the best of my knowledge and belief. I grant permission for this complaint to be forwarded to MDL officials for purposes of investigation and response.		
Name: Date:		

Please submit completed form as an email attachment to MDLC@moody.edu.