

NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT
FULLERTON COLLEGE
DISABILITY SUPPORT SERVICES

COMPLAINT RESOLUTION FORM

Name: _____ Student ID#: _____

Address: _____

Phone Number: _____ Email: _____

What is the nature of your complaint? (include important details) _____

When did this happen? _____

What have you done to try to resolve this issue? _____

How do you envision this issue being resolved? _____

Student Signature: _____ Date: _____

Please submit this form to the DSS front-office staff.