UNT WISE Complaint/Appeal Form

| Name: |  | Credential ID (JDoe19): |  |
| --- | --- | --- | --- |

| Email: |  | Phone: |  | Date: |  |
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| **A. Please thoroughly discuss reason(s) for complaint/appeal below:** |
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| **B. Please provide a detailed suggested resolution for the complaint/appeal listed above:** |
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| If Complaint/Appeal is related to a UNT WISE course, please include the following information: | |
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| Instructor name: |  |
| Course name/Start date: |  |

**For UNT WISE use only:**

*Administrative/Technical Complaint:*

*Front Desk contacted:*

*Customer Survey Form completed:*

*Administrative Coordinator contacted:*

*Non-Facilitated Course:*

*Front Desk contacted:*

*Customer Survey Form completed:*

*Facilitated Course:*

*Instructor contacted:*

*Director contacted:*

*Complaint/Appeals form received: Committee assignment due:*

*Committee Assigned: Recommendation Due:*

*Recommendation Complete:*

| *Recommendation from Committee: ­­­* |
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