

**Cloud County Community College
Academic Due Process Complaint Form A**

Instructions to the student: Complete this form during Step 1. This form must be submitted to the instructor via email. Attach additional pages or evidence as needed.

Today's Date _____ Student Name _____ Student ID _____

Course Name/Number _____ Term _____

Instructor Name _____ Date of Dispute _____

Time & Location of Dispute (*if applicable*) _____

1. Describe all factual allegations regarding the academic dispute:

2. Describe what you hope to accomplish by submitting this complaint:

3. If possible, provide evidence supporting allegation. List evidence here and attach to email.

Student Signature: _____ Date: _____