



# Sheridan Technical Center Student Complaint Form

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Please complete the form below and email to [kim.curry@browardschools.com](mailto:kim.curry@browardschools.com).

Date Event Occurred	
Student's First Name	
Students' Last Name	
Student's FSI #	

## Student Contact Information

Street Address	
City	
State	
Zip Code	
Phone	
Email Address	
When Addressing my concern (choose one option below)	
	<input type="checkbox"/> You may use my name.
	<input type="checkbox"/> You may not use my name.
	<input type="checkbox"/> You may use my name only after the end of the term.

## Course Information

Course Name	
Course Number	
Name of Instructor	



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## Identify the Category of Your Complaint (check all that apply).

Service	Building	Individual	Coursework	Other
Describe the issue or concern in detail. (Be specific regarding who, what, when, and where).				
Have you discussed this issue with the instructor or another staff member?	Yes		No	
If yes, describe the outcome of this discussion below.				
Today's Date				

Response provided within 5 school days.

Copy-Student Records

Copy- Confidential Secretary