

Complaint Form Student Services /Testing Center

Name _____

Date Incident occurred _____

Nature of Complaint:

- Test not secure
- Test not administered during scheduled time
- Suspected improprieties
- Test not returned in a timely manner
- Testing accommodations not followed

Other _____

Comments: _____

Suggestions: _____

Note: Please send completed form to Student Services, Box 10.

Investigation findings: _____

_____ Date _____

Dr. Dee Slavant, Director of Student Services