



PTA Program Complaint Form

Date complaint filed:

Name of person filing complaint:

Address:

Phone:

Email Address:

This complaint involves the following persons associated with the PTA program:

Faculty Student Staff Other

The person(s) filing the complaint is/are:

Patient CCCE/CI Employer Community Member Student Faculty/Staff
 Other:

Please describe the facts of the complaint from the beginning to the last pertinent detail including dates, times, location and names of persons involved in complaint:

Have you discussed this complaint with the person(s) involved? Yes No

Name of person(s) you discussed the complaint with:

When and Where:

Are there any witnesses to what occurred? Yes No

Please give names and contact information of any other person who has direct knowledge of the circumstances described in your complaint:

Was your complaint resolved? Yes No

I am the person who prepared this complaint. The information given is true and complete to the best of my knowledge and belief.

Signature:

Date:

If you wish to submit the form by mail,
please print it and submit the form to:

Southwest Tech
Attn: PTA Program – Stacey Place
1800 Bronson Boulevard
Fennimore, WI 53809

Original: 01/11